

# GRACE CHRISTIAN ACADEMY

## STUDENT RECORD RELEASE

Dear Counselor:

The student's listed below have been withdrawn from your school. Please release their academic and health records to the receiving school named below.

Student's Name	Age	Grade Level at Time of Withdrawal

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Signature of parent

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Date

**Parents: Provide the information from the previous school which your child attended. We will contact the school for their records.**

## Releasing School:

## Receiving School:

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## School

Grace Christian Academy  
3200 Firewheel Drive  
Flower Mound, TX 75028  
FAX: 972-539-1369

## Address

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Phone Number