

# STUDENT RECORD RELEASE

To Releasing School Counselor:

\_\_\_\_\_ (Date)

\_\_\_\_\_  
(School Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State/Province)

\_\_\_\_\_  
(ZIP/Postal Code)

Dear Counselor:

My child(ren) has (have) been withdrawn from your school. Please release their academic and health records to the following school. Thank you.

Accepting School:

**Berean Christian School  
5100 North Illinois Street  
Fairview Heights, IL 62208**

Students' Name(s)

(Last name first)

Birth date

Grade level at

time of withdrawal

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*(Signature of Requesting Parent/Legal Guardian)*