

# STUDENT RECORDS RELEASE

Request for Student Records from:

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Dear Counselor:

The following student(s) have been withdrawn from your school:

<b>Student</b>	<b>Birthdate</b>	<b>Grade level at time of withdrawal</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please release their academic and health records to:

Midwest Christian Academy  
2905 Gill Street  
Bloomington, IL 61704  
Phone 309-663-4477 ♦ Fax (309) 834-0160

\_\_\_\_\_  
Signature of requesting parent or guardian

\_\_\_\_\_  
Date