

Calvary Chapel Christian Academy

Student Record Release

To Releasing A School Counselor:

_____ Date

School Name

Address

City

State

Zip 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My child(ren) has (have) been withdrawn from your school.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.

**Calvary Chapel Christian Academy
8064 New Cut Road
Severn, Maryland 21144
443-763-0521**

Students' Name (Last name First)

Age

Grades level at time of withdrawal

Signature of Requesting Parent/Guardian

Signature of Receiving Principal