

Sample Letter: Request for Release of Student Records

Dear School Counselor/Registrar:

The children listed below have been withdrawn from your school. Please release their health, academic and other records, and forward them to the receiving school, as noted below. Thank you for your cooperation.

Name of Student/s

Last Name	First Name	Initial	Age	Grade Level
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Receiving School

Name of School

Address

City, State, Zip

Phone number

Authorization

Name of parent/guardian

Address

City, State, Zip

Phone number