

STUDENT RECORD RELEASE



To Releasing School Counselor:

School Name

Street Address

City

State

Zip

Date

Dear Counselor:

My child(ren) has (have) been or will be withdrawn from your school.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

Victory Christian Academy
1343 Montauk Highway
East Patchogue, NY 11772
Ph:631- 654-9284 Fax: 9297
Email: vca@vcog.com
Website: www.vcaschool.net

Students' Name(s) (Last Name First)	Age	Grade Level At Time of Withdrawal

Thank you for your time and attention.

Signature of Requesting Parent/Guardian

Signature of Principal

Building Character