



# STUDENT RECORD RELEASE

*One copy of this page to be completed for each school from which records are required.*

## RELEASING SCHOOL

**Name:** \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**Fax#:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## RECEIVING SCHOOL

**Name:** Oceanview Christian Academy

**Address:** 800 Hwy

330 Centreville, NS

B0W 2G0

**Fax#:** (902)745-1592

My child(ren) has/have withdrawn from your school. Please release their academic and health records to the above-named receiving school.

Student's Name: (First-Last)	Age	Grade Level at Time of Withdrawal

### Signature(s):

\_\_\_\_\_  
Parental Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Receiving School Signature

\_\_\_\_\_  
Date