



FAITH LEARNING CENTER ASIA

"TO KNOW CHRIST AND MAKE HIM KNOWN."

Student Record Release

Date _____

This form is provided for the purpose of releasing a student's records. By signing this release, a parent, legal guardian, or the student involved who is over 18 years of age, will expedite the transfer of records and/or left-over PACEs for enrollment in that school.

Student's Name: _____

Date/Grade level at time of withdrawal: _____ Age: _____

My child(ren) has (have) been withdrawn from your school.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

Accepting School

School Name

Address

City

Postal Code

By signing this request, I relieve the school, which the above named student was attending, of the responsibility of notifying me that the records are being transferred. This authorizes transfer of all school records.

Name and Signature of Requesting Parent/Guardian

Name and Signature of Authorized FLCA Staff