



**STUDENT RECORD RELEASE FORM**

Please complete all fields.

Dear Counselor:

My child(ren) has(have) been withdrawn from school.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

Accepting School: Burns Christian Academy  
PO Box 468  
White Bluff, TN 37187  
615.513.4709 - Phone  
615.261.8679 - Fax

Thank you.

**PARENT SIGNATURE**

SCHOOL LAST ATTENDED

ADDRESS LINE 1

ADDRESS LINE 2

CITY

STATE

ZIP

COUNTRY

FIRST NAME

MIDDLE NAME

LAST NAME

SSN #

GRADE AT TIME OF WITHDRAWAL