



Student Record Release

To Whom It May Concern:

My child has been withdrawn from your school. Please release all academic and health records to the receiving school listed below.

Please include the cum folder and any withdrawal grades.

Student's Name : _____

Student's Age: _____

Birth Date: ____/____/____

Releasing School: _____

Address: _____

City, State, Zip _____

Phone: (____) _____

Receiving School: **The Master's Academy**
1500 Lukas Lane
Oviedo, FL 32765
Phone: 407-971-2221
ATTN: Upper School (Grades 6-8) OR Lower School (Grades K-5)

Parent Or Guardian

Date