

# *Student Record Release\**

\*Send to student's previous school

Date \_\_\_\_\_

*To Releasing Counselor:*

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Dear Counselor:

My child/children have been withdrawn from your school. Please release their academic records to the school listed below. Thank you.

**Bridgeway Academy**  
**334 Second Street**  
**Catasauqua, PA 18032**  
**Phone: (610)-266-9016**  
**Fax: (610)-266-7817**  
**[www.bridgewayacademy.com](http://www.bridgewayacademy.com)**  
**CEEB Code: 390-031**

Student's Name	Age	Grade Level when withdrawn
----------------	-----	----------------------------

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_  
Signature of requesting parent

\_\_\_\_\_  
Date