

# Columbia Christian Academy

1323 County Route 21  
Ghent, NY 12075

## School Record Release

### To Releasing School Counselor:

\_\_\_\_\_ Date

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip/Postal code

Dear Counselor:

My child(ren) has (have) been withdrawn from your school.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

Columbia Christian Academy  
1323 County Route 21  
Ghent, New York 12075

Students' Name(s)  
(Last name first)

age

Grade level at time  
of withdraw

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Signature of Requesting Parent/Guardian

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Signature of Receiving Principal