

***Calvary School***  
**PO Box 672**  
**Madison, AL. 35758**  
**Phone (256) 682-4442**  
**E-mail: calvaryschool\_carla.floyd@yahoo.com**

Carla Floyd, Administrator

STUDENT RECORD RELEASE

Previous School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dear Counselor:

My Child: (Name) \_\_\_\_\_,  
(Birth date) \_\_\_\_\_, (Gender) \_\_\_\_\_

has been withdrawn from your school. Please release all academic, testing, special ed testing records and transcripts to Calvary School.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_