

# #10 - Student Record Release

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School: Lighthouse Christian Academy  
Year: 2018-2019

Student Name: \_\_\_\_\_  
(Please Print)

## To Releasing School Counselor:

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*School Name*

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*School Address*

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*City*

*State*

*Zip Code*

Dear Counselor:

My child/children has been withdrawn from your school. Please release the academic and health records for my children, listed below, to:

**Lighthouse Christian Academy**  
**P.O. Box 757**  
**Fortson, GA 31808**  
**706.568.7357 (Business Office Phone)**

I authorize and give my permission for you to release my child's information to the school in which he/she is now enrolled. Thank you.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Receiving Administrator or Principle: \_\_\_\_\_