

STUDENT RECORD RELEASE

Date

Releasing School Name

Releasing School Address

City/Province

Postal Code

Releasing School Phone Number

Fax Number

Dear School Counselor:

My child(ren) have been withdrawn from your school. Please release their academic and health records to:



Anchor Academy

Box 3015

Salmon Arm, BC V1E 4R8

E-mail anchor@ark.net

Telephone (250) 832-2754

Fax (250) 832-4379

Student Information

Surname

First Name

Birthdate

Grade

P.E.N.

Signature of Requesting Parent

Signature of Receiving Principal