

Covenant Community Schools

STUDENT RECORD RELEASE

To Releasing School Counselor:

_____ Date

School Name

Address

City

State/Province

Zip/Postal Code

Dear Counselor:

My child(ren) has/have been withdrawn from your school. Please mail or fax their academic and health records to the following address:

Covenant Community Schools
14 Chisholm Trail Road
Round Rock, TX 78681
Fax: (512) 255-6885

Students' Name(s)
(Last name first)

Age

Grade level at
time of withdrawal

Signature of Parent/Guardian

Administrator for Covenant Community Schools