



## STUDENT RECORD RELEASE

To Releasing School Counselor: \_\_\_\_\_

\_\_\_\_\_ Date

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**Dear Counselor:**

**Please release the academic, health and behavioral records for the student(s) listed below to Odyssey Academy. Thank you.**

<p><b>ODYSSEY ACADEMY</b>  <b>10272 Liberty Rd. S.</b>  <b>Salem, OR 97306</b></p> <p><b>Office: (503) 585-9088</b>  <b>Fax: (503) 585-0074</b></p>
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**Students' Name (s)**  
**(Last name first)**

**Age**

**Birth Date**

**Grade level at  
time of withdrawal**


\_\_\_\_\_  
Signature of Requesting Parent/Guardian

\_\_\_\_\_  
Signature of Receiving Principal

**(Fax this form to: 503-585-0074)**