



STUDENT RECORD RELEASE

To Releasing School Counselor: _____

_____ Date

School Name

Address

City

State

Zip

Dear Counselor:

My child(ren) has (have) been withdrawn from your school. Please release their academic, health and behavioral records to the following school. Thank you.

**ODYSSEY ACADEMY
PMB #130
10272 Liberty Rd. S.
Salem, OR 97306
(503) 585-9088**

**Students' Name (s)
(Last name first)**

Age

Birthdate

**Grade level at
time of withdrawal**

Signature of Requesting Parent/Guardian

Signature of Receiving Principal

(Forward this form to Odyssey Academy with other registration forms)