



Student Withdraw/Records Release Form

Today's Date: ____ / ____ / ____

Student Name: _____

Date Of Birth: ____ / ____ / ____

Last Day: _____ Grade: _____

Phone: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

New School or Online School Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Reason for Withdrawing:

Homeschooling

Moved Out of District

Open Enrolling (If So What District): _____

Private School

Other (Explain): _____

If you have moved to a new address please fill out the section below:

Address: _____

City: _____ State: _____ Zip Code: _____

With the understanding that the district cannot assume responsibility for the confidentiality of educational information disclosed, I authorize you to release educational information regarding the above named student in the manner indicated. I also affirm that all District owned technology has been returned. By signing below I agree to all the above.

Legal Guardian Name (Printed): _____

Legal Guardian Signature: _____