

Calvary School
PO Box 672
Madison, AL. 35758
Phone (256) 423-8165
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Carla Floyd, Administrator

STUDENT RECORD RELEASE

Previous School _____

Address _____

City _____ State _____ Zip _____

Dear Counselor:

My Child: (Name) _____,
(Birth date) _____, (Gender) _____

has been withdrawn from your school. Please release all academic, testing, special ed testing records and transcripts to Calvary School.

Signature of Parent or Guardian _____ Date _____