



# Grace Farrar Cole Elementary School

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## AUTHORIZATION FOR THE WITHDRAWAL OF STUDENT AND RELEASE OF STUDENT RECORDS FROM COLE ELEMENTARY SCHOOL

I hereby give permission for Grace Farrar Cole Elementary School to officially withdraw:

_____	Grade _____	DOB _____
_____	Grade _____	DOB _____
_____	Grade _____	DOB _____

Please release all records, including health, testing and other relevant information forwarded to:

New School: \_\_\_\_\_

New School Address: \_\_\_\_\_  
\_\_\_\_\_

New School Email Address: \_\_\_\_\_

EFFECTIVE WITHDRAWAL DATE: \_\_\_\_\_

New Student Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Custodial Parent / Guardian Signature*

\_\_\_\_\_  
*Date*