



William Gould Vinal Elementary School

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

I hereby give permission for William Gould Vinal 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