**Academy on the Eastern Shore**
**a ministry of**
**Unity on the Eastern Shore**
**Mail: P.O. Box 776; Fairhope, AL 36533**
**(251) 990-8934**

Ms. Susie Glickman, Administrator

## Student Record Release

Previous School: _____

Address: _____

City/State/Zip: _____

Dear Counselor: _____

My Child: _____ Birth date: _____ Gender: _____

The above mentioned student has been withdrawn from your school. Please release all academic records, testing information, special ed testing records, and transcripts to:

Academy on the Eastern Shore
P.O. Box 776; Fairhope, AL 36533
Attn: Administrator

Thank you for your time and attention.

Signature of Parent or Guardian: _____ Date: _____

{Date received by A.E.S.: _____}
{Revised 7-1-2015}