



Authorization to Obtain/Release Records Student Withdrawal Form

Student Information

Student Name _____ Date: _____

Grade _____ Student# _____ SSAID# _____

Current Address: _____

New Address: _____

New School Student to attend: _____

Address _____

Reason for Withdrawal

Transfer to Another School _____

Transfer to Another School in state - Private _____

Home School _____

Other _____

School Property Returned

Chromebook Calculator Textbooks/LMC Other:

I, undersigned, the legal parent/guardian of above named student(s), affirm that I am voluntarily requesting the withdrawal of my student(s) from Colchester Public Schools. I understand that this action will result in my students being transferred out of our school(s). The information provided in this withdrawal request is true and accurate to the best of my knowledge. I further confirm that all school property, materials, and textbooks provided to my child will be returned as per the school's guidelines.

Parent/Guardian Signature _____ Date _____

School Counselor: _____ Administrator: _____