



430 N. 2<sup>nd</sup> Street  
Brawley, CA 92227  
(760) 344-3911 phone  
(760) 344-5864 fax  
brawleychristian.com

**Brawley Christian Academy**  
**Request for Record Release**

Dear Counselor,

The following pupil(s) is now enrolled at Brawley Christian Academy. Please send the student(s) **complete cumulative record**, including any disciplinary and health information to:

**430 N. 2ND STREET  
BRAWLEY, CA 92227**

**Name of Releasing School:** \_\_\_\_\_

**Address of Releasing School:** \_\_\_\_\_

**Fax # of Releasing School:** \_\_\_\_\_

<b>Student's Name</b>	<b>Birth Date</b>	<b>Grade level at time of withdrawal</b>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_