

Union Township Board of Education
TRANSFER/MEDICAL RELEASE FORM

Student's Name: _____

Grade: _____

I, _____ hereby withdraw the above
Parent/Legal Guardian

named student from _____ **as of date:** _____.

My child will enter (name of school):

Our new home address is:

I therefore authorize the release of my child's medical/school records to the above named school.

Parent/Legal Guardian Signature