

Shenango Valley  
**Faith  Academy**

110 W. Ridge Ave., Sharpsville, PA 16150  
Phone: 724-815-4115 FAX: 724-383-3318 email: [info@svfaithacademy.com](mailto:info@svfaithacademy.com)

Date \_\_\_\_\_

**STUDENT RECORD RELEASE**

**To Releasing School Counselor:**

School Name

\_\_\_\_\_

Address

\_\_\_\_\_

City

State

Zip Code

Dear Administrator:

The following student(s) has been withdrawn from your school and enrolled in Shenango Valley Faith Academy for the 2013-2014 school year starting on September 3, 2013. Please release their academic and health records to:

**SHENANGO VALLEY FAITH ACADEMY  
100 W. Ridge Ave, Suite C  
Sharpsville, PA 16154**

**STUDENTS' NAME(s)**

**Age**

**Grade level at time  
of withdrawal**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address

City

State

Zip Code

\_\_\_\_\_  
Signature of Requesting Parent

\_\_\_\_\_  
Signature of Receiving Principal

*"Equipping students to be leaders in the workplace, community and church."*