



STUDENT WITHDRAW & RECORD RELEASE REQUEST

Please return to the CCA office.

Student(s) Details:

Name _____ Gr. _____ H.R. Teacher: _____

Name _____ Gr. _____ H.R. Teacher: _____

Name _____ Gr. _____ H.R. Teacher: _____

Last Date Attended CCA: _____

Reason for Leaving CCA: _____

Parent(s) Signature: _____

Records Release Request:

Once financial obligations have been satisfied with the financial office and items that are the property of CCA are returned we will forward any and all student records accordingly.

To send student records to another institution please fill out the information below.

Institution Name: _____ City: _____

FAX Number: _____ or E-Mail Address: _____

NOTE: If you do not fill out this information at this time the institution will request records as needed or you may contact CCA at a later date for student records.

School Information:

Financial Obligation Met: YES NO

Security FOB Returned: YES NO

Books Returned to H.R. Teacher: YES NO

Signature of CCA Administrator: _____