



Eagle Country Christian Academy

# Student Record Release

## [2026-2027 School Year]

Date \_\_\_\_-\_\_\_\_-\_\_\_\_

**TO: Releasing School Counselor**

School Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dear Counselor:

My child has been withdrawn from your school. Please release his/her Academic, Attendance, Testing, and Health/Immunization records to the following Church-School:

**Conrad Johnson, Administrator**  
**Eagle Country Christian Academy**  
**P.O. Box 100**  
**Remer, MN 56672-0100**

**Telephone Number -- (218) 566-3222**  
**Fax Number -- NONE (Please Use Email)**  
**Email Address -- ecca@wlmin.org**

Thank you.

Signature of Requesting Parent/Guardian \_\_\_\_\_

Signature of Receiving ECCA Head of School \_\_\_\_\_

Student's Name _____		
(Last)	(First)	(Middle)
Student's Birth Date ____ / ____ / ____	Age _____	Gender _____
Grade Level at Withdrawal _____	Check One Below:	
	<input type="checkbox"/> Elementary School	<input type="checkbox"/> Middle School
	<input type="checkbox"/> Junior High School	<input type="checkbox"/> Senior High School

