



## Request to Release Student Records

School asked to Release Educational Records: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Office Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Year: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Name of Parent or Legal Guardian: \_\_\_\_\_

I authorize Social Circle Christian School to obtain all of the permanent student record information designated on this form for enrollment purposes.

Signature: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

(Federal Law 99.31- No parent signature required for educational records sent to another educational agency)

Please promptly send the following documents along with this completed form to Social Circle Christian School by mail or fax:

- Report Cards, Official Transcripts, and/or Cumulative Grade Reports
- Standardized Testing
- Attendance Records
- Discipline Record
- Birth Certificate and copy of Social Security card
- Current Immunization Record or Affidavit of Religious Objection to Immunization Form 2208
- All Health Records including Vision and Hearing Tests
- Special Education Records (if applicable- IEP, 504, student support team records, psychologist reports)
- Legal Custody Information (if applicable)

Member of the American Association of Christian Schools and the Georgia Association of Christian Schools  
Fully Accredited with quality by the Georgia Association of Christian Schools

