

# Richards Christian Academy

## AUTHORIZATION TO RELEASE RECORDS

This form must be fully completed.  
Please Print or Type

### REQUEST FOR PUPIL RECORDS

I hereby authorize:

Name of last school attended: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ FAX: \_\_\_\_\_

to release all records, including academic, disciplinary, and Special Education/504 records (if applicable) of:

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Student's Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Student's Current Grade Level: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_ Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

### PLEASE SEND THE FOLLOWING RECORDS TO:

School: Richards Christian Academy

Address: 2550 Sewell Mill Rd Phone: 770-881-8369

Marietta, GA 30062 FAX: 678-302-7187

- Cumulative Record
- Report Card
- Immunization Record
- Test Data
- Discipline Record
- Special Education/504 Records
- ESOL/ESL Records (most recent test scores, program entry and/or exit date, current ESOL/ESL status, and Home Language Survey)

*If not eligible for ESOL/ESL services: provide assessment used to screen the students (date, scores, and name of assessment)*

Richards Christian Academy  
Name of School Official Requesting Records (Please Print)

Nicholas Richards \_\_\_\_\_  
Signature of School Official Requesting Records Title

Principal  
Title