



Richards Christian Academy
2550 Sewell Mill Rd
Marietta GA 30062

Authorization to Release Records

This form must be full completed
Please print of 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:

Students Full Name: _____

DOB: _____ Students Current Grade: _____

Signature of Parent/Guardian: _____ Date: _____

Please send the following records to:

Cumulative Record, Report Card/Transcript, Immunization Record, Testing Data,
Discipline Records, Special Education/504 Records

Richards Christian Academy
2550 Sewell Mill Rd
Marietta, GA 30062
Fax: 678-302-7187

Signature of School Official Requesting Records: _____

