

Parent Release of Student Records Authorization Form

Please accept this document as formal approval for the release of all official school records (including the record of transcripts, testing information, special education, health and immunization records).

Special Education, health and minimumization records).			
Student Information			
Student's Full Name:			
first	middle	last	
Student's Date of Birth:	_ Social Security Number:		
Student's Legal Address:		apt#	
street		apt#	
city	county	state	zip
	county		4
HomePhone:			
Hannaha aladay Navay Draviously Envalle	- lin Cohool (Fillouton), if a		
Homeschooled or Never Previously Enrolle	a in School (Filloutonly)ra	pplicable)	
Check below if applicable:			
Student was always previously homeschooled			
Student is enrolling in Kindergarten			
Prior School Information			
Name of Prior School:			
School's Address:			
street			
city	county	state	zip
School's Phone:	School's Fax:		
	•••••••		
Prior SchoolEntry Date:	Prior School Withdrawal Date:		
l authorize The Georgia Cyber Academy to request and	receive my student's records from	any school that has possession	n of the records.
Sign and Datebelow			
Sign and Datebelow			
PrintParantor Legal Guardian's Name		Date:	
PrintParentorLegalGuardian'sName:		Duie	
Parent/Legal Guardian's Signature:			
SCHOOL OFFICIALS ONLY:			
Send student records to: Georgia Cyber Academy			
1745 Phoenix Blvd. Suite 100			
Atlanta, GA 30349	Email:		
Fax Education Records to the numbers below:		ds@georgiacyber.org	
Grades K-8 General Education Records: (404) 260-4397			
Grades 9-12 General Education Records: (770) 372-5108		rds@georgiacyber.org : specialeducationrecords@ge	araiacyber ora
Special Education Records: (770) 372-5106	•		orgiacyber.org
Any confidential SPED documents will be requested separately by the special education	appartment, (ao not fax triese accuments to the name	bers ubove.)	
Student's Name:	Student's Home Phone	2:	