

Records Release Authorization

Student's Name: _____ Grade: _____

Parent's or Guardian's Name: _____

School Name: _____

Homeroom Teacher: _____

Date: _____

Please forward the following items to:

Brookwood Christian School
4728 Wood Street
Acworth, GA 30101

or email: office@brookwoodchristian.com

Thank you.

- Most recent report card
- All Transcripts or Records
- All Standardized Test Reports
- All Psychological/Educational testing Reports
- All Special Education Records including evaluation results
- Current IEP
- All Health Records (vision screening, immunization, birth certificate, etc.)
- All Disciplinary Reports

Parent/Guardian Signature: _____

Date: _____