

STUDENT RECORDS RELEASE

HEBRON CHRISTIAN ACADEMY

P.O. Box 1028 Dacula, GA 30019
(770) 963-9250 ♦ Fax (770) 277-3581
www.hebronlions.org

Student Record Release Authorization Form to be Sent to Student's Current School

Current School _____

Address _____

City/State _____ Zip _____

Phone _____ Fax _____

AUTHORIZATION OF RELEASE OF EDUCATIONAL RECORDS

Student Name: _____

Last Name

First

MI

Birth Date

Current Grade

The above student has expressed an interest in attending Hebron Christian Academy. In accordance with federal regulations regarding the privacy rights of parents and students under the Family Educational and Privacy Act of 1974, please send Hebron Christian Academy the following information on the above referenced student.

- ◆ Current plus last 2 years report cards
- ◆ Transcript (Grades 9-12)
- ◆ Health Records
(GA 3231 form and GA 3300 form)
- ◆ Last two standardized test scores
- ◆ Discipline report
- ◆ Include any IEP records or referrals for academic resources or testing
- ◆ Copy of Birth Certificate

Parent/Guardian's Name (PLEASE PRINT)

Parent/Guardian's Signature

Date