

AUTHORIZATION FOR RELEASE OF RECORDS

Dear Registrar,

_____ has applied for admission to Unity Christian School. As part of the admission process, Unity reviews students' academic records from previous educational institutions. Below is an authorization from the parent/guardian of the aforementioned student with permission to release student records to Unity Christian School. This student should not be withdrawn from their current school. This is an informational request **only**.

Student's Name: _____ Grade: _____

Birth date: _____

AS THE STUDENT'S PARENT/GUARDIAN, I AUTHORIZE THE SCHOOL HE/SHE CURRENTLY ATTENDS:

School Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

To the Attention of: _____

Phone #: _____ Email: _____

TO RELEASE ALL RECORDS:

- Education Records (report card, transcript, and standardized testing results)
- Psychological Evaluations, if applicable
- Copy of IEP, 504 Plan, RTI records, if applicable
- Medical Information (Immunization Certificate; Vision/Hearing/Dental/Nutrition Screening Certificate)
- Attendance Records
- Disciplinary Records
- Other (i.e. copy of birth certificate, social security card)
- Gifted Documentation
- I authorize the above school to speak with Unity Administration regarding my child.

TO THE SCHOOL AT WHICH THE ABOVE STUDENT HAS BEGUN THE ADMISSION PROCESS:

ADMISSIONS | UNITY CHRISTIAN SCHOOL
2960 NEW CALHOUN HWY NE | ROME, GEORGIA 30161
admissions@unitychristianschool.org | PHONE: 706-292-0700 | FAX: 706-413-1351

_____ _____

SIGNATURE OF PARENT/GUARDIAN DATE

PLEASE ENCLOSE A COPY OF THIS FORM WHEN SENDING RECORDS