



AUTHORIZATION FOR RELEASE OF RECORDS

Student's Name: _____ Grade: _____

Birth date: _____

AS THE STUDENT'S PARENT/GUARDIAN, I AUTHORIZE THE SCHOOL HE/SHE LAST ATTENDED:

School Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

To the Attention of: _____

Phone #: _____ Fax #: _____

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)

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

ADMISSIONS
UNITY CHRISTIAN SCHOOL
2960 NEW CALHOUN HWY NE
ROME, GEORGIA 30161
admissions@unitychristianschool.org
FAX #: 706-292-0772

Has this student ever previously attended Unity Christian School? _____ Yes _____ No

SIGNATURE OF PARENT/GUARDIAN

DATE

PLEASE ENCLOSE A COPY OF THIS FORM WHEN SENDING RECORDS