



STUDENT TRANSCRIPT RECORDS REQUEST

2015 or prior year Graduates/Withdrawals ONLY

Georgia Cyber Academy
1745 Phoenix Blvd., Ste. 100
Atlanta, GA 30349
<https://www.georgiacyber.org/>
Tel: 404-334-4790

State Charter School District: 782 | School Code: 110-108
Email: records@georgiacyber.org

Purpose of the records release: check applicable type of request			
____ Official Transcript ____ Unofficial Transcript			
Student Name		Student Number or Date of Birth	

I have read the authorization notification, pursuant to law – I hereby consent and authorize the release of my records/student(s) records as indicated below to the following mailing address, email address, or fax number:

*****PLEASE PRINT*****

School Name (if applicable): _____

Office & Attn: _____

Street Address: _____

City, State, ZIP: _____

Daytime Phone: (_____) _____

Email: _____

Fax Number: _____

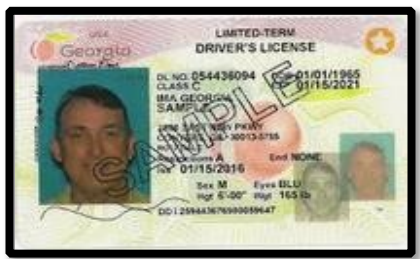
To avoid delay, please ensure you have provided the correct fax number

AUTHORIZATION NOTIFICATION

My signature below constitutes an electronic signature and authorizes GCA's Records Department to release information and/or my student records and confirms I have completed all sections accurately and truthfully, including information verifying my identity. I understand the recipient of the records will use the indicated document(s) for legitimate interests only and that the information contained therein shall not be further transferred or communicated to any other party or agency without my expressed written consent except under authority of Public Law 93-380, Educational Rights and Privacy Act.

I understand that an incomplete form will not be processed and will be considered closed after expiration of the 30-day notification window. **I declare under penalty of perjury that the foregoing is true and correct.**

Please send this form back with government issued identification. Forms without identification will not be processed.



***FORM MUST BE SIGNED AND ID MUST BE ATTACHED IF RECORDS ARE BEING REQUESTED**

All Georgia Cyber Academy student educational records are considered confidential in accordance with the Family Educational Rights and Privacy Act of 1974. Parents/Students 18 or older must provide written consent to authorize the release of any educational records information to self or third party. I understand that if my student is 18 or older, that he/she must request his/her own student information.

RECORDS REQUESTS – RECEIVING SCHOOL:
To request official student records, Infinite Campus users may fax or email: Fax: 770.372.5108 | email: records@georgiacyber.org

I certify the above information is accurate and hereby request the indicated information (either withdrawal or records request).

Signature _____ Date Form Completed _____

If you speak another language, language assistance services are available free of charge. Email Julie Ferrer jferrer@georgiacyber.org

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Por favor de enviarme un correo electrónico Julie Ferrer, jferrer@georgiacyber.org

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Julie Ferrer jferrer@georgiacyber.org

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. Julie Ferrer jferrer@georgiacyber.org ध्यान दः य द आप

हदी बोलते ह तो आपके ि लए मफतु म भाषा सहायता सेवाएं उपलब्ध ह Julie Ferrer jferrer@georgiacyber.org کال - بین دستیاب میں مفت خدمات کی مدد کی زبان کو Julie Ferrer jferrer@georgiacyber.org

خبردار Julie Ferrer jferrer@georgiacyber.org