

Atlanta, GA 30349 <u>https://www.georgiacyber.org/</u> State Charter School District: 782 | School Code: 0120 Email: <u>specialeducationrecords@georgiacyber.org</u>

Tel: 404-334-4790 Fax: 404-684-8830

Special Education Student Records Request Form

Purpose of the records release: check applicable type of request:		Which Student Records are you requesting at this time?	
 Parent records Applying for another school Transferring to another school, GED Program, etc. Other: explain 		 Special Education Record Gifted Record Other: explain 	
Student Name Stud		A ID #:	Student DOB:
			//
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************************************		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 print carefully)

Fax Number:

(Please ensure you have provided the correct fax number)



A government-issued photo ID is required such as a valid driver's license or passport.

*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 is my student is 18 or older, that he/she must request his/her own student information.

SPECIAL EDUCATION RECORDS REQUESTS – RECEIVING SCHOOL:

- To request official Special Education records, Infinite Campus users may fax or email:
 - Special Education fax: 770.372.5106 | email: specialeducationrecords@georgiacyber.org



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

Parent/Legal Guardian (print name)

Parent/Legal Guardian (signature)

Date Form Completed

If you speak another language, language assistance services are available free of charge. Email Julie Ferrer <u>iferrer@georgiacyber.org</u> ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Por favor de enviarme un correo el ectrónico Julie Ferrer, <u>iferrer@georgiacyber.org</u> CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Julie Ferrer <u>iferrer@georgiacyber.org</u>

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. Julie Ferrer <u>Jferrer@georgiacbyer.org</u>

ध्यान दः य द आप हद बोलते ह तो आपके िलए मफ्तु म भाषा सहायता सेवाएं उपलब्ध ह Julie Ferrer iferrer@georgiacyber.org عل .

Julie Ferrer <u>Jferrer@georgiacyber.org</u> ہیں دستیاب میں مفت خدمات کی مدد کی زبان کو آپ تو ،ہیں بولتے اردو آپ اگر :خبردار