

Glascok County Consolidated School
1230 Panther Way; Gibson, GA 30810
Phone: (706)598-2121; Fax: (706) 598-2621

AUTHORIZATION AND REQUEST FOR RELEASE OF STUDENT RECORDS

Student: _____

Date of Birth: _____

Social Security #: _____

Grade Level: _____

School/Agency Releasing Information:

School Name: _____

Address: _____

City, State, Zip Code: _____

Phone #: _____

Fax #: _____

Date Withdrawn: _____

I hereby authorize the Glascok County School District to obtain the following information concerning the above named student. I certify that all information provided is true to the best of my knowledge.

Parent/Guardian

Date

Pursuant to public law regulating the release of school records, we as officials of a public school are requesting:

☐	BIRTH CERTIFICATE
☐	TRANSCRIPT / REPORT CARD
☐	STANDARDIZED TEST RESULTS
☐	IMMUNIZATION RECORDS
☐	EYE, EAR, AND DENTAL RECORDS
☐	DISCIPLINE RECORDS
☐	ATTENDANCE RECORDS
☐	GUIDANCE RECORDS
☐	RTI/SST RECORDS
☐	SPECIAL EDUCATION RECORDS
☐	WITHDRAWAL PAPERS AND DATE OF WITHDRAWAL, INCLUDING GRADES
☐	ALL OF THE ABOVE

	DATE OF REQUEST	METHOD/CONTACT
1 ST REQUEST		
2 ND REQUEST		
3 RD REQUEST		