



WESTMINSTER SCHOOLS OF AUGUSTA TRANSCRIPT RELEASE FORM

Parent or Guardian: **Please complete this form and forward to the present or last school in which your child has been enrolled.**

Present or last school: _____
School Name

Street Address

City, State, and Zip Code

Permission is hereby granted for a complete transcript which must include:

- ☐ All former and current grades
- ☐ IQ and achievement test scores
- ☐ Psychological evaluations (if any)
- ☐ State of Georgia Immunization form #3231*
- ☐ State of Georgia Vision/Hearing/Dental/Nutrition form #3300*
- ☐ **Disciplinary record** of previous or current suspensions or expulsions
(If none, please submit a letter stating there have been no suspensions or expulsions.)
- ☐ Any other pertinent information from the student's permanent record

_____ Transcript to date needed for beginning admissions process.

_____ Admissions process is completed. Final transcripts needed.

This release is in accordance with the provisions of the Family Educational Rights and Privacy Act of 1974 and Public Act of 1974 and Public Law #93-380. Your prompt attention to this request will be appreciated.

Student Name _____

Present Grade _____ Birth Date _____ Today's Date _____

Parent/Guardian Full Name Printed _____

Parent/Guardian Signature _____

If transcript cannot be provided, please contact the Office of Admissions at 706-731-5260, ext. 2220.

*Schools outside Georgia need not send immunization or vision/hearing/dental/nutrition form.
Parents will be responsible to obtain the necessary Georgia forms.

Records accepted via email (preferred), fax or mail.

Office of Admissions • 3067 Wheeler Road • Augusta, GA 30909
706-731-5260, ext. 2220 • FAX: 706-261-7786 • EMAIL: admissions@wsa.net