



Parent Release of Student Records Authorization Form

Please accept this document as formal approval for the release of all official school records (including the record of transcripts, testing information, special education, health and immunization records).

Student Information

Student's Full Name: _____
first middle last

Student's Date of Birth: _____ Social Security Number: _____

Student's Legal Address: _____
street apt #

City State Zip County

Home Phone: _____

Homeschooled or Never Previously Enrolled in School (Fill out only if applicable)

Check below if applicable:

- Student was always previously homeschooled
- Student is enrolling in Kindergarten

Prior School Information

Name of Prior School: _____

School's Address: _____
street

city county state zip

School's Phone: _____ School's Fax: _____

Prior School Entry Date: _____ Prior School Withdrawal Date: _____

I authorize The Georgia Cyber Academy to request and receive my student's records from any school that has possession of the records.

Sign and Date below

Print Parent or Legal Guardian's Name: _____ Date: _____

Parent/Legal Guardian's Signature: _____

SCHOOL OFFICIALS ONLY:

Send student records to: **Coweta Charter Academy**
6675 E. Highway 16
Senoia, GA 30276

Fax Education Records to the number below:
770-599-0556

Email Education Records to the email below:
<mailto:enrollment@cowetacharteracademy.org>

Student's Name: _____ Student's Home Phone: _____