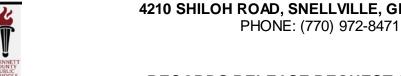
SHILOH HIGH SCHOOL





J. ALVIN WILBANKS CEO/SUPERINTENDENT

DR. ERIC PARKER

RECORDS RELEASE REQUEST & FACSIMILE

То:	From: Shiloh High School Counseling Office
Fax#:	Fax #: 770-736-2084
Re:	Date:
# Pages:	
This facsimile may contain confidential and privileged communication. If you get it by mistake, please do not read the contents and call 770-736-4344 to inform us. Thank You.	
The below referenced student is enrolling at Shiloh High School in the Gwinnett County Public Schools System. Please provide the requested information as indicated to expedite this enrollment process.	
Student Name:	Student ID #:
Parent/Legal Guardian:	Relationship:
Parent/Legal Guardian:	Relationship:
School Requesting Information	School Releasing Information
Name: Shiloh High School Counseling Office	Name:
Address: 4210 Shiloh Road	Address:
Snellville, GA 30039	
Phone: 770-736-4598-Registrar's Office	Phone:
Records Requested:	
Standard Educational Record Immunization Certificate V/H/D Certificate Special Education Eligibility and IEP Gifted Eligibility ESOL and ESL Records Disciplinary Record Standardized Test Reports Attendance History Medical Reports other	
Is this student limited English proficient? Yes No If yes, most recent date of assessment	
I hereby authorize the above referenced school to release all requested records to the requesting school without hesitation or delay.	
Parent/Legal Guardian Signature:	Date: