



**SHILOH HIGH SCHOOL**  
**4210 SHILOH ROAD, SNELLVILLE, GEORGIA 30039**  
 PHONE: (770) 972-8471

DR. ERIC PARKER  
Principal

**RECORDS RELEASE REQUEST & FACSIMILE**

J. ALVIN WILBANKS  
CEO/SUPERINTENDENT

To:	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: \_\_\_\_\_

<u>School Requesting Information</u>	<u>School Releasing Information</u>
Name: <u>Shiloh High School Counseling Office</u>	Name: _____
Address: <u>4210 Shiloh Road</u>	Address: _____
<u>Snellville, GA 30039</u>	_____
Phone: <u>770-736-4598-Registrar's Office</u>	Phone: _____

**Records Requested:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Standard Educational Record | <input type="checkbox"/> Immunization Certificate              | <input type="checkbox"/> V/H/D Certificate   |
| <input type="checkbox"/> Psychological Report        | <input type="checkbox"/> Special Education Eligibility and IEP |  |
| <input type="checkbox"/> Gifted Eligibility          | <input type="checkbox"/> ESOL and ESL Records                  | <input type="checkbox"/> Disciplinary Record |
| <input type="checkbox"/> Standardized Test Reports   | <input type="checkbox"/> Attendance History                    | <input type="checkbox"/> Medical Reports     |
| <input type="checkbox"/> Birth Certificate           | <input type="checkbox"/> 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: \_\_\_\_\_