



# 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 Coweta Charter 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:  
770-727-5949

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

Student's Name: \_\_\_\_\_ Student's Home Phone: \_\_\_\_\_