

RABUN GAP

RABUN GAP-NACOOCHEE SCHOOL

Admission Office
339 Nacoochee Drive
Rabun Gap, Georgia 30568

Telephone: 706-746-7720
Facsimile: 888-908-2048
www.rabungap.org

REQUEST FOR RELEASE OF RECORDS

Name of Applicant _____

Date of Birth _____ Grade Entering _____ Current Grade _____

NOTE TO PARENTS/GUARDIANS:

These recommendation forms are to be completed by the appropriate personnel of your child's current school. The Admission Committee cannot act until all this confidential information has been received. These forms and all information will be used only for the admission process and will not become a part of the student's permanent record.

**PARENT MAY NOT "HAND CARRY" THESE FORMS TO RABUN GAP-NACOOCHEE SCHOOL.
FORMS MUST BE MAILED OR FAXED FROM THE STUDENT'S CURRENT SCHOOL.**

In order to allow the applicant to be considered for admission to Rabun Gap-Nacoochee School, I/we authorize the release of my/our child's records as requested by Rabun Gap-Nacoochee School. I/we release every person and/or institution from any and all liability resulting from or pertaining to the furnishing of records, documents, and other information provided to Rabun Gap-Nacoochee School for that purpose. I/we will not seek access to confidential recommendations and evaluation materials before and/or after the admission decision is made.

Signature of parent/guardian _____ Date _____

RECORDS TO BE RELEASED:

Official transcripts of credits/courses completed
Teacher reports/report cards
Most recent report card indicating conduct and effort grades
Standardized test scores
Discipline records
Attendance information

The records indicated above and this completed form is to be released to:

Rabun Gap-Nacoochee School
Admission Office
339 Nacoochee Drive
Rabun Gap, Georgia 30568

Current school may make a record of this agreement as record of parent permission.

Name of school releasing records

Date

Signature of Registrar/Secretary