

2719 Delowe Drive East Point, GA 30344 Phone: 404.755.1300 Fax: 678-726-0909

Request for Student Records

PARENT OR GUARDIAN:

This form should be directed to the Guidance Office/Student Records Office at your child's previous/current school

Student Name	be directed to the dalag	nee omee/staa	che necords of	nec ac your crima :	s previous/current school	
first name	midai	e name		last name		
current grade				date of birth		
Previous/Current So	chool					
Name				Phone	Fax	
address		City	State	Zip	County	
I hereby authorize_				to release a co	py of the following records	
to Achievers Acade	student's previous/current school					
	♦ All official academic	All official academic records, including most recent progress reports				
	♦ Standardized test sco	Standardized test scores				
	♦ Health records	Health records				
	♦ Attendance records	Attendance records				
	Disciplinary records	Disciplinary records				
	 Psychological testing 	Psychological testing and evaluation, if any				
	♦ Individual education	plans or special e	education evalu	ation, if any		
signature of parent/guardian				date		

TO THE GUIDANCE OFFICE/STUDENT RECORDS OFFICE:

Atlanta Achievers Academy requests copies of the above information to evaluate admissions requirements. Thank you for your prompt response to this request.

PLEASE FORWARD RECORDS TO:

ATT: School Records Atlanta Achievers Academy 2719 Delowe Drive East Point, GA. 30344

~or~ Email To AtlantaAchievers@gmail.com