

RECORDS RELEASE REQUEST FORM/FACSIMILE Revised 5/16/12
Stock # 90930

To: _____
From: _____
Re: _____
Date: _____
Fax#: _____

THIS FACSIMILE MAY CONTAIN
CONFIDENTIAL AND PRIVILEGED
COMMUNICATION. IF YOU GET IT
BY MISTAKE, PLEASE DO NOT READ
THE CONTENTS AND CALL _____
TO INFORM US. THANK YOU.

Number of Pages: _____

The below referenced student is enrolling in the Gwinnett County Public Schools System. Please provide the requested information as indicated to expedite this enrollment Process.

Student Name: _____ Student ID#: _____
Last Name First MI

Parent/Legal Guardian: (1) _____ Relationship: _____
Last Name First MI

Parent/Legal Guardian: (2) _____ Relationship: _____
Last Name First MI

School Requesting Information

School Releasing Information (Provided by parent)

Name : South Gwinnett High School _____

Name _____

Address 2288 E. Main Street _____

Address _____

City Snellville _____ State GA _____

City _____ State _____

Zip 30078 _____ Phone: 770-736-4300 _____

Zip _____ Phone _____

Fax#: 770-736-4329 _____

Fax#: _____

Records Requested:

Standard Educational Record Immunization Certificate VHD Certificate
Psychological Reports Special Education Eligibility Forms and IEP
Gifted Eligibility ESOL and ESL Record Disciplinary Record
Standardized Test Reports Attendance History _____ Medical Reports
Other : **Official Transcript** **Transfer Grades** **Birth Certificate**

Is this student limited English proficient? ___ Yes ___ No

If Needed, Most Recent Date of Assessment For English Proficiency _____

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 _____