

Date Mailed:

Date Received:

STUDENT RECORDS RELEASE (Grades K-5)

Records are requested for:

Student Name: _____
Last First Middle Social Security # Date of Birth Current Grade Level

Student's Current Mailing Address: _____
Current Phone # _____

Student's Previous School/Address: _____

I hereby authorize the Hall County School System to **obtain** immediately all academic/disciplinary/medical records concerning the above named student, including SST records and special education records, if applicable.

I hereby authorize the Hall County School System to **release** immediately all academic/disciplinary/medical records concerning the above named student, including SST records and special education records, if applicable.

The release of special education records will be handled through the special education department.

(ATTN.: Special Education, Hall County School System, 711 Green Street, Gainesville, GA 30501)

INSTITUTION/AGENCY RELEASING INFORMATION

INSTITUTION/AGENCY REQUESTING INFORMATION

Name: _____
Address: _____
Phone #: _____
Fax #: _____

Name: Wauka Mountain Multiple Intelligences Academ
Address: 5850 Brookton Cula Rd., Gainesville, GA 30506
Phone #: 770.983.3221
Fax #: 770.983.1019

TYPE OF MATERIAL REQUESTED:

REASON:

- | | | |
|--|--|---|
| <input type="checkbox"/> Standard Education Records | <input type="checkbox"/> Special Education Record(s) | <input type="checkbox"/> Educational Planning |
| <input type="checkbox"/> Educational Evaluation Report(s) | <input type="checkbox"/> Psychological Report(s) | <input type="checkbox"/> Medical Treatment |
| <input type="checkbox"/> Medical Records/Report(s) | <input type="checkbox"/> Eligibility Report (s) | Other: _____ |
| <input type="checkbox"/> Immunization Certificate | <input type="checkbox"/> Individualized Education Plan | |
| <input type="checkbox"/> Vision/Hearing/Dental Certificate | <input type="checkbox"/> Speech/Language Therapy Records/Report(s) | |
| <input type="checkbox"/> Vision/Hearing Test(s) | <input type="checkbox"/> Other: | |
| <input type="checkbox"/> Disciplinary Record(s) | | |

Comments: _____

Signature of Parent / Guardian / Student (over 18 years of age) _____ Date _____

In compliance with the Family Education Rights and Privacy Act of 1974, these records will be released to Parents/Guardians or students over 18 years of age upon their request. The granting of consent is voluntary on the part of the parent.

Signature of Person Releasing the Records _____ Date _____

PLEASE ENCLOSE A COPY OF THIS FORM WHEN SENDING RECORDS