

## Records Request for Douglas County School System

SCHOOL \_\_\_\_\_  
Douglas County School

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

Fax: \_\_\_\_\_

Date: \_\_\_\_\_

I hereby authorize \_\_\_\_\_  
(Former School)

to release the following records for \_\_\_\_\_  
(Student Name)

Date of birth \_\_\_\_\_ Grade \_\_\_\_\_

Please release ALL ACADEMIC INFORMATION, including the following:

1. A transcript with an explanation of the grading scale
2. A current immunization form or shot record
3. Hearing, Vision, and Dental record
4. Any current testing
5. Current report card
6. A copy of disciplinary record which should include any felony convictions (7<sup>th</sup> -12<sup>th</sup> grade only)
7. Other pertinent information (custody papers, SST minutes)

The records are to be released for the purpose of admission in the Douglas County School District and in compliance with Georgia Law.

I, the undersigned, understand that the student's enrollment is conditional, pending the receipt of the above referenced information. Further, I understand that if information received certifies that the student is currently suspended or expelled or has been convicted of a felony, the student may be dismissed from this school. (Official Code of Georgia Annotated 20-2-670).

Parent signature \_\_\_\_\_

Date: \_\_\_\_\_