

## AUTHORIZATION TO RELEASE RECORDS

### REQUEST FOR PUPIL RECORDS

I hereby authorize \_\_\_\_\_ to release all records, including the  
(Last school attended)

academic and disciplinary records of \_\_\_\_\_  
(Student's Name)

to The Museum School – 923 Forrest Boulevard, Decatur, Georgia 30030.

The records are to be released for the purpose of admission in The Museum School of Avondale Estates and in compliance with O.C.G.A. 20-2-670.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

### PLEASE SEND THE FOLLOWING RECORDS TO:

SCHOOL: The Museum School of Avondale Estates

ADDRESS: 923 Forrest Boulevard, Decatur, GA 30030

PHONE: 404-289-0320

- Cumulative Record
- Report Card
- Immunization Record
- Test Data
- Discipline Record
- Special Education/504 Records

Hope Black  
Principal

Chris Cook  
Registrar



\_\_\_\_\_  
Signature



\_\_\_\_\_  
Signature of School Official Requesting Records  
Email: [chris.cook@themuseumschool.org](mailto:chris.cook@themuseumschool.org)  
Phone: 404-289-0320  
Fax: 404-288-4648