

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

Kathleen Link
Registrar



Signature



Signature of School Official Requesting Records

Email: kathleen.link@themuseumschool.org

Phone: 404-289-0320

Fax: 404-288-4648