

*This form is provided for your convenience. It is **your responsibility** to have your child's records transferred to The King's Academy. **Please fill out and submit to your child's latest school for transfer of records.** Do not return this form to The King's Academy.*

## The King's Academy

471 Arnold Mill Road  
Woodstock, GA 30188  
(770) 592-KING  
Fax: (770) 592-5404

### Request for Transfer of Records Authorization

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_  
(Student, parent, guardian) (school last attended)

\_\_\_\_\_  
Address City State Zip

To release all academic and disciplinary records, including SST records and special education records, if applicable for:

\_\_\_\_\_ born on \_\_\_\_\_  
(Name of student)

Has student ever been found guilty of committing a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, describe/explain (include dates) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is student currently serving a suspension or expulsion? \_\_\_\_\_

If yes, describe reason for suspension or expulsion and when the suspension or expulsion will end:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information provided above is true to the best of my knowledge.

\_\_\_\_\_  
(Signature of parent/guardian) (Date)