

THE KING'S ACADEMY

RECORDS REQUEST

Transfer Authorization

DO NOT RETURN THIS FORM TO THE KING'S ACADEMY

PROVIDE THIS FORM TO YOUR CURRENT SCHOOL

The King's Academy
471 Arnold Mill Road
Woodstock, GA 30188
admissions@thekingsacademy.org
Phone: (770) 592-KING

Please Include (if applicable)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Report Cards | <input checked="" type="checkbox"/> Discipline |
| <input checked="" type="checkbox"/> Transcript | <input checked="" type="checkbox"/> Immunizations |
| <input checked="" type="checkbox"/> Attendance | <input checked="" type="checkbox"/> Test Data |
| <input checked="" type="checkbox"/> Special Education/IEP/504 | |

AUTHORIZATION

I, _____ (parent/guardian) hereby authorize:

Name of previous school: _____

Address: _____

Phone: _____ Fax: _____

To release all records, including academic, disciplinary, gifted and special education, IEP and 504 records (if applicable) of:

Student's Full Name: _____ Student DOB: _____

Signature of parent/guardian: _____ Date: _____

Please send the requested student records to:

THE KING'S ACADEMY

Email: admissions@thekingsacademy.org

OR

Mail: 471 Arnold Mill Road

Woodstock, GA 30188



The King's Academy Admissions | (770) 592-5464