

**RELEASE OF RECORDS FORM**

Permission is hereby granted to:

Previous School Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

The above named student has registered with:

Founders Classical Academy  
3858 Kings Hwy  
Douglasville, GA 30135

Please release the following information:

- Grades
- Health Records
- Results of achievement and intelligence tests
- Discipline Records

Authorization to release records

I have enrolled my child \_\_\_\_\_  
Name Birthdate

In Founders Classical Academy and authorize you to release the above- named information.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_