



SHAPING LIVES FOR
SUCCESS

5123 Chamblee Dunwoody Rd, Dunwoody, GA 30338

Phone
770.512.8456

Fax
770.512.8298

Email
ans@gccsda.com

Request for Information/Release of Records Authorization

| | |
|--|--------------------|
| Student Name: _____ | Student DOB: _____ |
| <i>Last Name</i> <i>First</i> <i>MI</i> | |
| Name of School Applicant Currently Attends: _____ | |
| Complete School Address: _____ | |
| School Phone: _____ | School Fax: _____ |
| Parent/Legal Guardian: _____ | Relationship _____ |
| <i>Last Name</i> <i>First Name</i> | |
| I hereby authorize the above referenced school to release all requested records to Atlanta North School without hesitation or delay. | |
| Parent/Legal Guardian Signature: _____ | Date: _____ |

Dear School Administrator:

The below referenced student is applying for admission to Atlanta North School of Seventh-day Adventists. We would appreciate your assistance in obtaining a complete academic transcript by returning this form and the requested records listed below.

Records Requested:

- | | | |
|--|---|--|
| <input type="checkbox"/> Standard Educational Record | <input type="checkbox"/> Immunization Certificate | <input type="checkbox"/> VID Certificate |
| <input type="checkbox"/> Psychological Reports | <input type="checkbox"/> Special Ed Eligibility Forms & IEP | <input type="checkbox"/> Disciplinary Record |
| <input type="checkbox"/> Gifted Eligibility | <input type="checkbox"/> ESOL & ESL Record | <input type="checkbox"/> Medical Reports |
| <input type="checkbox"/> Standardized Test Reports | <input type="checkbox"/> Attendance History | <input type="checkbox"/> Other |

Please fax or mail completed transcripts to:

Admissions Office
Atlanta North School of Seventh-day Adventists
5123 Chamblee Dunwoody Rd.
Dunwoody, GA 30338
Fax: 770.512.8298
Phone: 770.512.8456