

RECORDS RELEASE REQUEST FORM / FACSIMILE

[Please FAX and then mail OFFICIAL (originals).]

DATE: _____

TO: _____

FAX # _____

FROM: **RECORDS**
BERKMAR HIGH SCHOOL
FAX 770-806-3736

NUMBER OF PAGES: _____
(INCLUDING THIS SHEET)

Re: _____

THIS FACISMILE MAY CONTAIN CONFIDENTIAL AND/OR PRIVILEGED COMMUNICATION. IF YOU RECEIVE THIS IN ERROR, PLEASE CONTACT US IMMEDIATELY AT 770/806-3704. THANK YOU.

The below reference student is enrolling in the Gwinnett County Public School system. Please provide the requested information to expedite his/her enrollment process.

Student Name: _____
Last Name First Name Middle Name

Student GCPS ID # _____ or Date of Birth: _____

Parent/Legal Guardian: (1) _____ Relationship: _____
Last Name First Name MI

Parent/Legal Guardian: (2) _____ Relationship: _____
Last Name First Name MI

GCPS School Requesting Information:

School Releasing Information: (provided by parent/guardian)

Berkmar High School
405 Pleasant Hill Rd.
Lilburn, GA 30047

School: _____

Address: _____

Main Phone: 770/921-3636

City: _____ State: _____

Records: 770/806-3774

Counseling: 770/806-3704

Zip: _____ Phone: _____

Fax: 770/806-3736

Fax:

Records Requested:

- | | | |
|--|--|--|
| <input type="checkbox"/> Standard Education Record | <input type="checkbox"/> Immunization Certificate | <input type="checkbox"/> VHD (Vision/Hearing/Dental) |
| <input type="checkbox"/> Attendance History (<i>State Law Requirement</i>) | <input type="checkbox"/> Discipline History (<i>State Law Requirement</i>) | |
| <input type="checkbox"/> Standardized Test Records | <input type="checkbox"/> Transcript | <input type="checkbox"/> ESOL / ESL Records |
| <input type="checkbox"/> Special Education Eligibility Forms and IEP | <input type="checkbox"/> Psychological Reports | <input type="checkbox"/> Gifted Eligibility |
| <input type="checkbox"/> Birth Certificate / SS Card / Passport | <input type="checkbox"/> Other: _____ | |

Is this student limited English proficient? Yes No If yes, most recent date of assessment for English proficiency: _____

I hereby authorize the above referenced school to release to release ALL requested/required records to the requesting school without hesitation or delay.

Signature of Parent/Legal Guardian

Date