

# Release of Records Authorization Form

Heritage Baptist Christian School

*"Excellence In Christian Education"*

1843 Peeksville Road Locust Grove, GA 30248

Phone 770-320-7735 Fax 770-320-7720

www.hbcsga.com

Student's Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Grade Entering \_\_\_\_\_

This form authorizes the release of your child's permanent records from previously attended schools to Heritage Baptist Christian School. The types of records to be sent are as follows: attendance information, subject performance, standardized test results, disciplinary records, school enrollment and health forms, and any personal and/or family statistical information. Please complete the form in its entirety in order to expedite this process.

Records should be requested from:

School Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Dear Academic Administrator:

You are hereby requested and authorized to release the permanent records of the above-named student to the Heritage Baptist Christian School of Locust Grove, Georgia. Thank you in advance for your cooperation in this matter.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**PLEASE MAIL, EMAIL, OR FAX THIS FORM AND THE  
REQUESTED RECORDS DIRECTLY TO THE ADDRESS BELOW:**

Heritage Baptist Christian School

1843 Peeksville Road

Locust Grove, GA 30248

Email: hbc31@yahoo.com

Fax: (770)-320-7720

Office Use Only

Mailed \_\_\_\_\_

Received \_\_\_\_\_

Previous School

Record Release