OFFICIAL RECORDS RELEASE REQUEST
AGENCY RELEASING INFORMATION

School Name: _____

Address: _____

City: _____ State: _____ Zip: _____

The student named below has applied for admission to Memorial Day School. Please forward the records requested below.

Student's Name: _____
Last First Middle

Date of Birth: _____ Grade Last Attended _____
Month/Day/Year

School Use Only

_____1) Standard Transcript (Grades, Normal Achievement Testing, Attendance, Activities)

_____2) Discipline History (if no Discipline History please state NONE) **MUST HAVE**

_____3) Special Testing Reports

_____4) Medical & Health Records (Immunization Certificate, EED Certificate)

_____5) Other:Any IEP, special education records, or psychological testing if applicable.

Pursuant to the Family Educational Rights and Privacy Act (20 USC § 1232 (g)) and provisions of Georgia law, as the parent or legal guardian of the above named student, I request and authorize the specific records requested above to be forwarded to the following address:
Memorial Day School, 6500 Habersham Street, Savannah, Georgia 31405-5946
Phone: 912-352-4535 Fax: 912-352-4536

PARENT/GUARDIAN SIGNATURE **DATE**

Memorial Day School admits students of any race, color, and national or ethnic origin.