



Authorization for Release of Student Records

Parents should complete the top portion and give this form to the student's school principal, counselor, or registrar.

I hereby authorize _____
Name of school child last attended

Address City State Zip
() ()
Phone Fax

to release all academic, health, and psychological information and records for the student named below.

Student's Name Birthdate Grade

Parent's Signature Date

We appreciate your assistance in providing information as we evaluate this student for admission.

Be sure to submit the following:

1. report cards and/or transcripts
2. discipline record
3. all standardized test scores
4. copy of the latest Georgia immunization records
5. any additional educational/psychological testing and IEP
6. any teacher comments

If a current transcript cannot be provided, please contact the Office of Admissions.

Please forward requested information to:

Westminster Christian Academy
Office of Admissions
P.O. Box 388
Watkinsville, GA 30677
Phone: (706) 769-9372 ext. 112
Fax: (706) 769-2050
Email: admissions@wcalions.org