

# Release of Records Authorization Form

Heritage Baptist Christian School

*"Excellence In Christian Education"*

1843 Peeksville Road Locust Grove, GA 30248

Phone 770-320-7735 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, academic report cards/transcripts, 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 OR EMAIL 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

Office Use Only

Mailed \_\_\_\_\_

Received \_\_\_\_\_

Previous School

Record Release