 Form JBC-8

**AUTHORIZATION TO RELEASE RECORDS**

**This form must be fully completed.**

**Please Print or Type**

**REQUEST FOR PUPIL RECORDS**

I hereby authorize:

|  |  |
| --- | --- |
| Name of last school attended: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  | Phone: |  |

|  |  |  |
| --- | --- | --- |
|  | FAX: |  |

to release all records, including academic, disciplinary, and Special Education/504 records (if applicable) of:

|  |
| --- |
|  |

Student’s Last Name First Name Middle Name

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Student’s Date of Birth: |  | / | / |  | Student’s Current Grade Level: |  |

The records are to be released for the purpose of enrollment in the Cobb County School District and in compliance with O.C.G.A. § 20-2-670.

Signature of Parent/Guardian Date Signature of Student Date

**PLEASE SEND THE FOLLOWING RECORDS TO:**

|  |  |
| --- | --- |
| School: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  | Phone: |  |

|  |  |  |
| --- | --- | --- |
|  | FAX: |  |

Cumulative Record

Report Card

Immunization Record

Test Data

Discipline Record

Special Education/504 Records

|  |
| --- |
|  |

Name of School Official Requesting Records (Please Print)

Signature of School Official Requesting Records Title