

AMERICAN HERITAGE ACADEMY

Authorization of Release of Educational Records

To The Parent:

Please print or type the authorization information below and deliver this form to your child's current school principal:

Child's Name _____ Current Grade _____
Last First Middle

Birthday _____ Date Submitted _____

In accordance with federal regulations regarding the privacy rights of parents and students under the Family Educational and Privacy Act of 1974, the undersigned hereby consent to the release to AMERICAN HERITAGE ACADEMY of all educational records about the above-named individual who is applying to AMERICAN HERITAGE ACADEMY. This release of records includes recommendations and all information that may be requested.

_____ X _____
Date Parent Signature

To the School Principal:

The student named above has made application for admission to the AMERICAN HERITAGE ACADEMY. We would appreciate your promptly sending the following records:

- ✓ Report Card(s), Cumulative Record, Official Transcripts, and Official Withdrawal Form
- ✓ Attendance and Discipline Records
- ✓ Immunization Records
- ✓ Medical Forms (EED or others on file)
- ✓ Testing Data, including any educational, achievement, norm-referenced, criterion-referenced, or psychological evaluations
- ✓ Teacher-level Student Portfolio Information
- ✓ School-Level Evaluations, Student Support Team Meetings Information, and IEPs
- ✓ Teacher Recommendation Form(s)

Please mail records to:

AMERICAN HERITAGE ACADEMY
2126 Sixes Road • Canton, GA 30114
PHONE: 770-926-7779 • FAX: 770-926-5601

Thank you for your expeditious assistance in this matter



AMERICAN HERITAGE ACADEMY – *Focus on Excellence*