



## Authorization for Transfer of Records

I authorize the school named below to transfer all records regarding my child to The Academy of Scholars. I understand that my child will be enrolled on a conditional basis until all school records are received and that my child may be found ineligible for enrollment based upon information obtained from school records.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Records Requested from Last School Attended	Send Records to:
District:	
School:	The Academy of Scholars
Address:	5096 Panola Industrial Blvd.
City/State/Zip	Decatur, GA 30035
Phone:	678.632.6001

### **Records Requested**

- Transcripts of Grades
- Standardized Test Scores
- Health and Immunization Records
- Disciplinary Records
- Attendance Records