



CHEROKEE CHRISTIAN SCHOOL

678-494-KING (5464) - 770-592-4881 (FAX)

3075 Trickum Road

Woodstock, GA 30188

www.cherokeechristian.org

AUTHORIZATION FOR RELEASE OF RECORDS

Parents: Please give this form directly to the administration office at your student's current school. Your signature gives consent to the release of all educational records to Cherokee Christian School in accordance with *The Family Educational and Privacy Act of 1974*.

School: Please send all requested records to Cherokee Christian Schools, Office of Admissions, 3075 Trickum Road, Woodstock, GA 30188. You may also email it to: kim.howell@cherokeechristian.org. Thank you.

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Student's Full Name: _____

Birthdate: _____ Grade: _____

Current School: _____

Address of School: _____

City: _____ State: _____ Zip: _____

I hereby authorize the release of ALL medical, educational, social and/or psychological information regarding the student named above. Please send a transcript of the student's records to date, including grades for courses in progress, a copy of student's test profile, all health records, a copy of any psychological reports, and a copy of Special Education Placement Forms (if applicable), to Cherokee Christian Schools. I release the above named school from all liability and all claims pertaining to the disclosure of this information.

Signature of Parent/Guardian

Date