



Transcript Release Form

To Applicant: Please complete the authorization below and return to Arlington Christian School. It will then be sent to your former school.

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

To the Principal or Guidance Counselor of:

School last attended

Street Address

City, State, Zip Code

You are hereby authorized to release confidential information on:

Full Name of Student

Current Grade

Date of Birth

Please send the following to:

4500 Ridge Road
Fairburn, GA 30213-1957

> Transcripts

> Standardized Test Results

> Immunization form and Health Records

> Any Special Testing Results or Placement in Special Programs

Parent's Signature

Date of Request

For additional information, call 770-964-9871



Sincerely,

Christopher King
Head of School