ARLINGTON CHRISTIAN SCHOOL

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

- **Transcripts**
- **Standardized Test Results**
- **Immunization Form and Health Records**
- **Any Special Testing Results or Placement in Special Program**

_____ _____

Parent's signature **Date of Request**

For additional information, call 770/964-9871

Sincerely,

Michael E. Weimer
Principal