Arlington Christian School

TRANSCRIPT RELEASE FORM

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

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

To the Principal or Guidance Counselor of:

School Currently Attending

Street Address

City, State, Zip Code

School Telephone # School Fax #

You are hereby authorized to release confidential information on:

Full Name of Student	Current Grade	Date of Birth

Please send the following to: Arlington Christian School
4500 Ridge Road, Fairburn, GA 30213

- Transcripts
- Standardized Test Results
- Discipline Records
- Immunization Form and Health Records
- Any Special Testing Results or Placements in Special Programs

Parent/Guardian Signature	Date of Request

For additional information, call 770-964-9871