

RECORDS RELEASE REQUEST

Student Information

<i>Student Name</i>	<i>Grade</i>	<i>Birth Date</i>	<i>Last 4 digits of SSN</i>
<i>Street Address</i>	<i>City, State and Zip Code</i>		
<i>Parent / Guardian</i>	<i>Telephone Number</i>		

School / Agency Information

SCHOOL / AGENCY RELEASING INFORMATION

Phone:
Fax:

SCHOOL / AGENCY REQUESTING INFORMATION

Alliance Academy for Innovation
1100 Lanier 400 Parkway
Cumming, GA 30040
Phone: 470-695-7823
Fax: 470-695-7825
Email: ftaylor@forsyth.K12.ga.us

Type of Material (All Available)

- Standard Education Record
- Attendance
- Discipline
- Special Education Record Psychological Report
- Psychological Report
- Placement Records
- Programs/Services: Gifted, ESOL, SST

I hereby authorize the Forsyth County School System to release/obtain pertinent information concerning the above-named student for educational planning/medical treatment or (please specify):

Authorizing Signature