



Covenant Christian School  
3130 Atlanta Rd.  
Smyrna, GA. 30080

### RECORDS RELEASE FORM

For the purpose of providing appropriate instruction and assistance in school, I do hereby give permission for a mutual exchange of school records, psycho educational evaluations, psychosocial evaluations, and/or medical evaluations concerning:

Name of Student(s): \_\_\_\_\_ Birthdate: \_\_\_\_\_

Currently enrolled at: \_\_\_\_\_

Attention to: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

#### Records requested:

\_\_\_\_ Official Transcript

\_\_\_\_ Attendance Records

\_\_\_\_ Last Report Card

\_\_\_\_ Special Education Record/IEP

\_\_\_\_ Last 2 Standardized Test Scores

\_\_\_\_ Programs/Services: Gifted, ESOL, EIP

\_\_\_\_ Discipline/Behavior Records

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#### School Requesting Records:

Covenant Christian School 3130 Atlanta Rd. Smyrna, GA. 30080 Phone: 770-435-1596 Fax: 770-436-5178

#### Name and Title of School Official Requesting Records:

Connie Cameron, Admissions and Development Specialist Email address: ccameron@ccssmyrna.org

PLEASE EMAIL OR FAX ALL FORMS DIRECTLY TO COVENANT CHRISTIAN SCHOOL. PLEASE DO NOT MAIL.