

REQUEST FOR TRANSCRIPT

TO APPLICANT:

Please print or type the authorization below and deliver this form to your guidance counselor or principal:

Authorization of release of educational records

Student's name _____ Grade _____
Last First Middle (Current)

In accordance with federal regulations regarding the privacy rights of parents and students under the Family Education and Privacy Act of 1974, the undersigned hereby consents to the release to Ridge Creek of all educational records about the above-mentioned individual who is applying to Ridge Creek, including other information as may be requested.

Date _____ Parent signature _____

Student signature _____

School Information

Name	_____	Address	_____
Phone	_____		_____
Fax	_____		_____

TO PRINCIPAL OR GUIDANCE COUNSELOR:

The student named above has made application for admission to Ridge Creek. We would appreciate you promptly sending the following:

- A transcript of the student's record to date, including grades for courses in progress.
- A copy of the student's complete test profile.
- A copy of any psychological or educational evaluations.
- A copy of the student's discipline records.

Mail to:
Admissions
Ridge Creek School
830 Hidden Lake Rd
Dahlonega, GA 30533
Fax: 706-864-9109