

**RECORDS RELEASE REQUEST FORM/FACSIMILE**  
**Gwinnett County Public Schools**

To: \_\_\_\_\_ Date: \_\_\_\_\_ Fm: Gloria Harrison, Registrar

**SCHOOL REQUESTING INFORMATION**

Name Dacula Middle School  
Address 137 Dacula Road  
City Dacula, Georgia 30019  
Phone 770-963-1110 Fax 770-338-4632

**SCHOOL RELEASING INFORMATION**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Student:**

\_\_\_\_\_  
Last Name First Name Middle Grade Date of Birth Student ID Number

\_\_\_\_\_  
Address Apt # City State Zip Code

\_\_\_\_\_  
Parent/Legal Guardian Relationship Telephone Number

**Records Requested:**

<input type="checkbox"/> Standard Education Record	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Social Security Card
<input type="checkbox"/> Immunization Certificate	<input type="checkbox"/> VDH Certificate	<input type="checkbox"/> Discipline Report
<input type="checkbox"/> Attendance Report	<input type="checkbox"/> Psychological Report	<input type="checkbox"/> Eligibility Report
<input type="checkbox"/> Eligibility/IEP/504 Plan	<input type="checkbox"/> ESOL and ESL Record	<input type="checkbox"/> Gifted Eligibility
<input type="checkbox"/> Standardized Test Reports	<input type="checkbox"/> Medical Reports	<input type="checkbox"/> Withdrawal Grade
<input type="checkbox"/> Report Card	<input type="checkbox"/> Other: _____	

**I hereby authorize the above referenced school to release all requested records to the requesting school without hesitation or delay.**

My child **receives** special education services     My child **does not** receive special education services  
 My child **has** a discipline record     My child **does not** have a discipline record  
 My child is in the ESOL program     My child is **not** in the ESOL program

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

Notes: \_\_\_\_\_

Date Records Requested: \_\_\_\_\_ Date Records Received: \_\_\_\_\_