Walton County School District
Authorization to Release Records
& Confidential Information

Today's Date: ____ | ____ | ____
mm dd yyyy

Information Being Requested By:

School Name: _____ (____) _____ (____) _____
Phone Fax

Address: _____ _____, GA. _____
City Zip

Student Information _____
Last Name First Name Middle Name Suffix (Jr, Sr, II, III, etc)

Date of Birth: ____ | ____ | ____ _____ Regular Education _____ Exceptional Education
mm dd yyyy

Previous school name / grade: _____ | _____
Grade

Address of previous school: _____

_____ | _____ | _____
City State Zip

Phone / Fax of previous school (if known): (____) _____ (____) _____
Phone Fax

Agency Other Than School System

Agency Name: _____ (____) _____ (____) _____
Phone Fax

Address: _____ _____
Zip

Phone / Fax of previous school (if known): (____) _____ (____) _____
Phone Fax

Contact Name: _____

The student listed above is seeking admission to the Walton County School District. Please assist us by providing the information listed below:

Permanent Educational Record	Standardized Test Scores	Special Education Eligibility
Withdrawal Form	Screening & Health Information	Medicaid Card
Transcript/Report Card	Disciplinary Record	Gifted Eligibility
Social Security Number	ESOL/ELL Record	9th Grade Enrollment Date (HS Only)
Birth Certificate	Section 504 Plan	GHSGT Test Results (HS Only)
Attendance Record	Medical Report	
Immunization Record	Psychological Evaluation	
Eye Ear & Dental Form	Individualized Educational Program (IEP)	Length of Class Period/Number of Days per Week (HS Only)
Any other information that is vital to the student's education.		

Parent or Guardian Signature

_____
Signature Date

**Signature authorizes the school or agency listed above to release records & confidential information.*