



**AUTHORIZATION FOR RELEASE OF RECORDS**

**PARENTS:** Please give or mail this form directly to the administration office at your student's current school. Your signature gives consent to the release of all educational records to North Georgia Christian Academy in accordance with *The Family Educational and Privacy Act of 1974*.

**SCHOOL:** Please send all requested records to  
NGCA  
Office of Admissions  
191 Harold Pritchett Rd.  
Ellijay, GA 30540  
(706) 635-6422

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Student's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Present/Last Grade Attended: \_\_\_\_\_

Last School Attended: \_\_\_\_\_

Address of School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I hereby authorize the release of ALL medical, educational, discipline, social and/or psychological information regarding the student named above. Please send a transcript of the student's records to date, including grades for courses in progress, a copy of student test profile, all health records, a copy of any psychological reports, and a copy of Special Education Placement Forms (if applicable), to North Georgia Christian Academy. I release the above named school from all liability and all claims pertaining to the disclosure of this information.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date