



AUTHORIZATION TO RELEASE RECORDS

REQUEST FOR PUPIL RECORDS

I hereby authorize _____ to release all academic
(Last school attended-**PLEASE PRINT**)

and disciplinary records of _____
(Student's Name-**PLEASE PRINT**)

Grade _____ Date of Birth _____

to Imagine International Academy of Mableton

The records are to be released for the purpose of admission in the Cobb County School District and in compliance with O.C.G.A. 20-2-670.

(Signature of Parent/Guardian)

Date

PLEASE SEND THE FOLLOWING RECORDS TO:

Imagine International Academy of Mableton 6700 Mableton Parkway Mableton, GA 30126

- _____ Cumulative Record
- _____ Report Card
- _____ Immunization Record
- _____ Test Data
- _____ Discipline Record

Name of School Official Requesting Records-

Signature of School Official Requesting Records

Title