



LIBERTY TECH CHARTER SCHOOL AUTHORIZATION TO RELEASE RECORDS

Student Name

Date of Birth

Current Grade

REQUEST FOR PUPIL RECORDS:

I hereby authorize _____ to release all records,

(Last school attended)

including the academic and disciplinary records of _____

(Student's Name)

to Liberty Tech Charter School – 119 Price Rd., Brooks, Georgia 30205 .

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

Parent/Guardian Signature

Printed Name

Date

PLEASE SEND THE FOLLOWING RECORDS TO:

Liberty Tech Charter School
Attn: Jennifer Mullinix, Registrar
119 Price Rd.
Brooks, GA 30205

- Cumulative Record/Transcript
- Report Card
- Immunization Record
- GA Eye, Ear and Dental Certificate (Form #3300)
- Test Data
- Discipline/Attendance Records
- Special Education Records
- Section 504
- Services Records: Gifted, ESOL, SST, RTI, EIP, Title 1

Mike Stewart, Principal

Jennifer Mullinix, Registrar

Signature

PHONE: 678-456-5673

EMAIL: mike.stewart@libertytechcharter.org

Signature

PHONE: 678-456-5673

EMAIL: jennifer.mullinix@libertytechcharter.org