



North Henry Academy
1093 Flat Rock Road
Stockbridge, GA 30281
770-389-1591
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AUTHORIZATION FOR RELEASE OF EDUCATIONAL RECORDS

To: _____ Date: _____
Name of Previous School

Address of Previous School

City, State, Zip of Previous School

Fax: _____

Student Name: _____ Date of Birth: _____

has applied for enrollment at North Henry Academy in the _____ grade for the
_____ school year.

Parents: _____

Address: _____

Please mail, fax, or scan and email the following records:

❖ Academic Records ... Transcripts with semester, numeric grades

❖ Assessment Data:

- Standardized test data
- Photocopies of standardized test labels
- Grades at time of withdrawal
- Current class schedule
- Psychological assessment copies

❖ Health/Legal documents: _____ Immunization _____ Ear, Eye, Dental _____ Birth Certificate

❖ Additional information used in educational planning (please check any of the following that apply):

_____ No records sent due to delinquent payments.

_____ There is no discipline record for this student.

_____ It is against our system policy to forward discipline records as part of the school records.

Thank you for your prompt attention.