STUDENT ENROLLMENT/WITHDRAWAL VERIFICATION

This form must be fully completed.
Please Print or Type

In compliance with Georgia Department of Education Rule 160-5-1-.28, Student Enrollment and Withdrawal verification is required when students transfer from one school/facility to another. Proof includes a Request for Records, or written acknowledgement from the enrolling school/facility. Student records will be sent to your school upon receipt of this completed form.

REQUEST FOR PUPIL RECORDS

I hereby authorize:

Name of school student is withdrawing from: Lassiter High School

Address: 2601 Shallowford Rd Phone: 678-494-7866

Marietta, GA 30066 FAX: 678-494-7886
to release all records, including academic, disciplinary, gifted, *Special Education/504, and **ESOL records (if applicable) of:

Student’s Last Name __________ First Name __________ Middle Name __________

Student’s Date of Birth: ___________ Student’s Current Grade Level: ___________

(Signature of Parent/Guardian) __________ Date __________ (Signature of Student) __________ Date __________

* Special Education/504 records must be specifically requested from Special Student Services, 514 Glover Street, Marietta, GA 30060.
** ESOL records must be specifically requested from IWC, 1560 Joyner Avenue, Marietta, GA 30060.

PLEASE SEND THE FOLLOWING RECORDS TO:

Enrolling School:

Address: __________________________________________________________________________

Phone: __________________________________________________________________________

FAX: __________________________________________________________________________

☐ Cumulative Record, including Transcript and Attendance ☐ Gifted Records
☐ Report Card ☐ Test Data
☐ Special Education/503 (see note above) ☐ Discipline Record
☐ ESOL Records (see note above) ☐ Immunization Record

Name of School Official Requesting Records (Please Print) ____________________________

Signature of School Official Requesting Records ____________________________ Title __________

TRANSFER VERIFICATION: As confirmation of enrollment, the enrolling school/facility is asked to fax this verification form back to the withdrawing school/facility as soon as this student has enrolled.

Withdrawing School Use Only

Date records sent to enrolling school ____________________