



**ACHIEVE  
ACADEMY**

# RECORDS RELEASE REQUEST

## Student Information

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Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_ Start Date \_\_\_\_\_

Street Address \_\_\_\_\_ City, State and Zip Code \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Telephone Number \_\_\_\_\_

## School/Agency Information

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SCHOOL/AGENCY **RELEASING** INFORMATION

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\_\_\_\_\_  
\_\_\_\_\_

SCHOOL/AGENCY **REQUESTING** INFORMATION

Achieve Academy  
2050 Watson Blvd., Ste C3  
Phone: (478) 342-2270  
Email: [tarapvel@achieveacademy.education](mailto:tarapvel@achieveacademy.education)

## Type of Material (All Available)

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### Student Education Record

Please include all documents listed below:

- Transcripts/Report Cards/Assessments
- Special Education Record
- Psychological Report
- Eligibility/IEP
- Placement Records
- Programs/Services: Gifted, ESOL, SST, 504
- Attendance
- Discipline
- Copy of Birth Certificate
- Immunization Records
- Certificate of Hearing, Vision, Dental and Nutrition
- Copy of Social Security Card or FTE/Waiver Number
- Custody/Guardianship Papers



### Other:

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\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize Achieve Academy to release/obtain pertinent information concerning the above-named student for education planning purposes.

\_\_\_\_\_  
Authorizing Signature