

RECORDS RELEASE REQUEST FORM/FACSIMILE

TO: RECORDS/REGISTRAR'S OFFICE
FROM: RIVERSIDE ELEMENTARY SCHOOL
Re: STUDENT RECORDS
Fax#: 678-482-1018
Date: _____
Number of Pages: _____

THIS FACSIMILE MAY CONTAIN
CONFIDENTIAL AND PRIVILEGED
COMMUNICATION. IF YOU GET IT
BY MISTAKE, PLEASE DO NOT
READ THE CONTENTS AND CALL
678-482-1016 TO INFORM US.

The below referenced student is enrolling in the Gwinnett County Public Schools System.
Please provide the requested information as indicated to expedite this enrollment process.

Student Name: _____ Student ID# _____
Last Name First MI

Parent/Legal Guardian: (1) _____ Relationship: _____
Last Name First MI

Parent/Legal Guardian: (2) _____ Relationship: _____
Last Name First MI

School Requesting Information

Name Riverside Elementary
Address 5445 Settles Bridge Road
City Suwanee, GA
Zip 30024 Phone: 678-482-1000
Fax# 678-482-1018

School Releasing Information (Provided by parent)

Name _____
Address _____
City/State _____
Zip _____ Phone _____
Fax # _____

Records Requested:

Standard Educational Record Immunization Certificate VHD Certificate
Psychological reports Special Education Eligibility Forms and IEP
Gifted Eligibility ESOL and ESL Record Disciplinary Record
Standardized Test Reports Attendance History Medical Reports
Other

Is this student limited English proficient? ___ Yes ___ No
If Needed, Most Recent Date of Assessment for English Proficiency _____

I hereby authorize the above referenced school to release all requested records to the requesting school
without hesitation or delay.

Parent/Legal Guardian Signature _____ Date _____