



Student Record Release Fulton County Schools

Fulto
2750
Hickr
Phon
Emai



lle School

0.236.9523
yschools.us

Date _____

The following student(s) have enrolled in the Fulton County School System

Student _____ DOB _____ Grade _____

Student _____ DOB _____ Grade _____

Student _____ DOB _____ Grade _____

Please forward copies of school records including:

1. Birth Certificate
2. Social Security Card
3. Immunization Record
4. Physical, Eye, Dental Exams
5. Grades and Test Scores
6. Attendance
7. IEP, Psychological, if necessary
8. Any legal documentation regarding the children

I grant permission for the _____ School System to provide
Fulton County Elementary/Middle School with copies of school records and helpful information for my
child/children.

Parent Signature _____ Date _____

Previous School Information

School Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Fax Number _____