



**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.**