

REQUEST FOR STUDENT RECORDS (Enrolled at NCA)

Please complete this form and present it to the school you are leaving.

This form serves as a notice and confirmation that the student below has enrolled at Northwest Classical Academy. This form also authorizes the release of and requests student records for the student below.

If you have received this form and have any questions, please contact: Records Department records@nwclassical.org

Date:	Name of School:			
Student Informati	on:			
Last Name:	First:		Middle:	
Date of Birth:	(MM/D	(MM/DD/YYYY) Last Grade Completed:		
Final Month/Year	Completed:			
Please send a copy	y of the following education record	s for the student	named above:	
 All standal Complete IEP (Individue) Pa RTI or EIP Psycholog Initial and 	/Final Report Card rdized test results discipline record dualized Education Plan) rental consent for placement signed page intervention plans ical Evaluations Reevaluation Eligibility Reports ing Parent/Guardian:	Email To:	Records Department records@nwclassical.org 3010 Cobb Parkway, NW Kennesaw, GA 30152	
Last:		First:		
Mailing Address:				
Phone Number: _				
Rights and Privacy Act	ident's education records are confidential of 1974 (FERPA), or with the written perm is over 18 years old). Student records are	ission of the student		
Signature of auth	orized person (student, if 18 or old	der), otherwise p	arent/guardian	
Signature:		Date:		