



## REQUEST FOR STUDENT RECORDS

To be completed by the parent:

Please complete the authorization portion of this form and deliver it to your principal.

Student's name \_\_\_\_\_ Current Grade Level \_\_\_\_\_

In accordance with federal regulations regarding the privacy rights of parents and students under the Family Educational and Privacy Act of 1974, the undersigned hereby consent to the release to Dominion Christian High School of all educational records about the above-named individual who is applying to Dominion Christian High School, including recommendations and such other information as may be requested.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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To Principal:

The above named student has made application for admission to Dominion Christian High School. We would appreciate if you would promptly send the following:

Records: Other forms to be completed by Teachers & Administrators:

Transcript  
Standardized test scores  
Disciplinary record  
Birth certificate  
Immunization Records

Administrator or Counselor recommendation  
Math teacher recommendation  
English teacher recommendation

If this student is accepted to Dominion Christian High School, a request for a final transcript will be made at the end of the school year. Please hold this authorization form on file so that a second form will not be necessary.

Thank you for your assistance and cooperation.

Please mail to: Lisa Stansel, Admissions Director  
Dominion Christian High School  
4607 Burnt Hickory Road  
Marietta, GA 30064