



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 Schools of all educational records about the above-named individual who is applying to Dominion Christian Schools, including recommendations and such other information as may be requested.

Parent/Guardian _____ Date _____

To Principal:

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

Records:

Transcript/Report card
Standardized test scores
Disciplinary record
Birth certificate
Immunization Records

Other forms:

Administrator or Counselor recommendation

If this student is accepted to Dominion Christian Schools, 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 Schools
4607 Burnt Hickory Road
Marietta, GA 30064

Dominion Christian Schools admits students of any race, color, national or ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship programs, and athletic and other school administered programs. Request for Student Records.