

REQUEST FOR SCHOOL RECORDS

DO NOT RETURN THIS FORM TO Eaton Academy – SEND IT TO THE MOST RECENT SCHOOL

Please fill out this form and send it directly to the last school attended by your child.

The school should send copies of such material to:

**Eaton Academy
1000 Old Roswell Lakes Parkway
Suite 110
Roswell, GA 30076**

I hereby authorize

_____ (Name of School)

to release information from the record of _____

(Full name of child)

to Eaton Academy at the above address.

Parent's or Guardian's Signature _____

Date _____

Note: A request has been made to Eaton Academy to provide educational services for the above-named child. We would appreciate having from your files all material that might be helpful in working with this student. It is understood that the information released will remain confidential.

School Information Requested:

1. Transcript or Report Card
2. Standardized Test Scores
3. Any available dated samples of student's work