



PERIMETER SCHOOL
A Covenant Christian Community

Perimeter School Release of Records

To: _____ **Regarding:** _____

(School Requesting Records)

(Student's Name)

Send Records To:

Student's:

Email: _____

Email: _____

Mailing Address: _____

Mailing Address: _____

Enclosed is the transcript of school records for the above-named student who is/has been a student at Perimeter School. Included is all pertinent information including:

- ✓ Academic transcript
- ✓ Results of standardized achievement tests
- ✓ Immunization form (State of Georgia)
- ✓ Sixth grade or above – MMR booster documentation
- ✓ Explanation of our grading scale (if grades are used)

Parental Permission for Release of Records

Perimeter School has my permission to send the records requested to the school/institution listed above.

Parent or Guardian Signature

Date