



# Atlanta Youth Academy

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## STUDENT RECORDS RELEASE FORM

Name of Sending School: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_

*City*

*State*

*ZIP Code*

***Has my authorization to transmit the accumulated school records of:***

Student's Full Name

\_\_\_\_\_

*Last*

*First*

*M.I.*

Current Grade: \_\_\_\_\_ Date of Birth (M/D/Y) \_\_\_\_\_

**TO:** Atlanta Youth Academy  
**Address:** Admissions Officer  
2120 Forrest Park Rd SE  
Atlanta, GA 30315  
**OR E-mail to:** [mainoffice@atlantayouthacademy.com](mailto:mainoffice@atlantayouthacademy.com)

### Admissions Documents Requested

- Student's Birth Certificate
- Name of student's custodial parent/guardian, address and telephone number
- Academic transcripts and Discipline records
- Attendance data
- Health records
- Standardized test scores
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### **RTI and Special Education (if applicable)**

- Academic interventions
- Behavioral interventions
- Diagnostic reading test results
- Psychiatric and Psychological evaluations



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- Speech and Hearing evaluations
- Individualized Education Plans
- 504 Plans

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name of Parent: \_\_\_\_\_