

AUTHORIZATION TO RELEASE TRANSCRIPT



50 East Broad Street | Fairburn, GA 30213 | Phone: 770-306-0647 | Fax: 770-969-6551 | www.landmarkchristianschool.org | admissions@landmark-cs.org

Parent

Please complete and sign this form and submit it to the principal's office at the applicant's present school. Thank you.

Applicant's full name _____
first middle last

Current grade level _____

Date of birth _____ Age _____ Home phone _____

Applicant's address _____
street address

_____ *city state zip*

My child is an applicant for admission to Landmark Christian School. I hereby *authorize you to release to Landmark Christian School* the following records: (1) a certified copy of the complete transcript (including grades, credits, all standardized test results, and conduct reports), (2) immunization, health records and (3) a copy of all disciplinary records.

_____ *signature of parent name of parent (please print) date*

School Administrative Staff

Please send the above named records to:

Landmark Christian School Admissions Office, 50 East Broad Street, Fairburn, GA 30213. Thank you.

Name of current school _____

_____ *school address telephone*

_____ *city state zip code*