



TRINITY CHRISTIAN SCHOOL

8817 Highway 54

Sharpsburg, GA 30277

Transcript Release Form

Applicant: please **complete the authorization below and return with your application.**
DO NOT GIVE TO YOUR CHILD'S CURRENT SCHOOL.

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

To the Principal or Guidance Counselor of:

School last attended

Street Address

City, State, Zip Code

Telephone: _____ fax: _____

You are hereby authorized to release confidential information on:

Full Name of Student

Current Grade

- Transcripts
- Standardized Test Results
- Immunization Records, Certificate of Ear, Eye and Dental Form
- Any Special Testing Results or Placement in Special Programs

Parent or Legal Guardian's Signature

Date of Request

Please send documents to: Trinity Christian School
8817 Highway 54
Sharpsburg, GA 30277

For additional information, call (770) 251-6770
fax (770) 251-6714