



TRANSCRIPT REQUEST FORM

In compliance with federal regulations regarding the privacy rights of parents and students under *The Family Educational and Privacy Act of 1974*, the undersigned hereby consents to the release to **Veritas Classical Schools** of all educational, social, and /or psychological information for the student named below. All information received is considered confidential.

Authorization and Permission to Release Information

I hereby authorize the following to release ALL medical, educational, social, and /or psychological information regarding the student named. Please send a transcript of the student's records to date, including grades for courses in progress; a copy of student's test profile; standardized test scores; all health records; a copy of all psychological reports; and a copy of Special Education Placement forms (if applicable).

Student's Full Name _____

Birth Date _____ Current Grade _____

Last School Attended: (School Name and COMPLETE Address must be included.)

Signature of Parent/Legal Guardian:

Date of Request:

Please send records to the following address:

Veritas Classical School
12460 Crabapple Road
Suite 202, #270
Alpharetta, GA 30004-6646

Questions? Please contact:

770-753-8941
vcs@veritasschools.com
www.veritasschools.com

Diane Uplinger, Guidance Counselor
diane@veritasschools.com