



# VERITAS CLASSICAL SCHOOLS

## TRANSCRIPT REQUEST FORM

Atlanta Area Campuses

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, discipline, and /or psychological information for the student named below. All information received is considered confidential.

### Authorization and Permission to Release Information

We request 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; all discipline 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 \_\_\_\_\_

Parent's Names \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School Contact and Email Address:

\_\_\_\_\_  
\_\_\_\_\_

**Please EMAIL records to [diane@veritasschools.com](mailto:diane@veritasschools.com)**

If you are unable to email, please mail records to the following address:

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

Questions? Please contact:

Diane Uplinger  
[diane@veritasschools.com](mailto:diane@veritasschools.com)  
[www.veritasschools.com](http://www.veritasschools.com)