



STUDENT RECORDS RELEASE FORM

Authorization for Release of Records Affidavit

- Form Must Be SIGNED and ID Must Be Attached -

**Please attach copy of
Parent/Guardian
Driver's License**

Student license ONLY if student is 18 or older

All Georgia Cyber Academy student educational records are considered confidential in accordance with the Family Educational Rights and Privacy Act of 1974. Parents/Students 18 or older must provide written consent to authorize the release of any educational records information to self or third party. I understand that if my student is 18 or older, that he/she must request his/her own student information.

Student's First Name: _____ Student's Last Name: _____ Grade Level: _____

Student's DOB: ____ | ____ | _____ GCA Student ID#: _____ Year of Graduation (High School Students ONLY): _____

Purpose of the records release: _____

(Examples: For parent record, applying to another school, transferring to another school, GED, etc.)

- Please **WITHDRAW** myself/my student from Georgia Cyber Academy as of **Date:** ____ | ____ | _____
- Requesting records for next school year/Applying to another school - **DO NOT WITHDRAW**
- Transferring to a **Public/Private** school: _____ Date Enrolled: ____ | ____ | _____
(Name of School) (School County)

I have read the authorization notification, pursuant to the law - I hereby consent and authorize the release of my records/student(s) records as indicated below to the following mailing address, email address or fax number:

*****PLEASE PRINT*****

- Name:** _____
Office/Attention: _____
Street Address: _____
City, State, Zip Code: _____
Daytime Telephone Number: () _____

- E-Mail:** _____
(Please Print Carefully)

- Fax Number:** _____
(Please ensure that you have provided correct Fax Number)

Parent/Student (Must be 18+) Print Name: _____

Parent/Student (Must be 18+) Signature: _____ **Today's Date:** ____ | ____ | _____

AUTHORIZATION NOTIFICATION:

My signature below constitutes an electronic signature and authorizes GCA's Records Department to release information and/or my student records and confirms I have completed all sections accurately and truthfully, including information verifying my identity. I understand that the recipient of the records will use the indicated document(s) for legitimate interests only and that the information contained therein shall not be further transferred or communicated to any other part or agency without my expressed written consent except under authority of Public Law 93-380, Educational Rights and Privacy Act.

I understand that an incomplete form will not be processed and will be considered closed after expiration of the 30 day notification window. I declare under penalty of perjury that the foregoing is true and correct.

PLEASE NOTE: PROCESSING TIME IS 7-10 BUSINESS DAYS

Please Mail, Fax, or E-Mail the Completed Form to:

<p>For Special Education Records: Attn: Special Education Records Dept. 1745 Phoenix Blvd. Suite 100 Atlanta, GA 30349 Fax #: 404-424-8984 E-Mail: specialeducationrecords@gacyber.org</p>	<p>For K-8 General Education Records: Attn: K-8th Grade Records Dept. 1745 Phoenix Blvd. Suite 100 Atlanta, GA 30349 Fax #: 877-890-5486 E-Mail: recordreleases@gacyber.org</p>	<p>For 9-12 General Education Records: Attn: High School Records Dept. 1745 Phoenix Blvd. Suite 100 Atlanta, GA 30349 Fax #: 404-684-8830 E-Mail: transcripts@gacyber.org</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

For Office Use Only: Date Received: _____ Records Released By: _____ Date Released: _____