



GEORGIA
CYBER
ACADEMY

GA Milestones Score Report Request

Student Legal Name: _____ *Student DOB:* _____

Legal Guardian Name: _____ *Date of Request:* _____

Full Mailing address if you would like them mailed to you:

Email address if you would like them emailed to you:

A copy of legal guardian's photo ID must accompany this request.

Please check the scores you are requesting

___ GA Milestones EOG, Grades 3-8

___ GA Milestones EOC, Grades 9-12

What grade was your student in when he/she took the test?

___3	___9
___4	___10
___5	___11
___6	___12
___7	
___8	

For grades 9-12, please select the content area(s):

___9th Grade Literature
___American Literature
___Coordinate Algebra
___Geometry
___Biology
___Physical Science
___Economics
___US History

For grades 3-8, please email to recordreleases@gacyber.org or fax to (877) 890-5486.

For grades 9-12, please email to transcripts@gacyber.org or fax to (404)684-8830.

1745 Phoenix Blvd, Atlanta, GA 30349

Office Phone #: (404) 334-4790