



Records Release

Student Name _____

Applying for Grade _____ Current Grade: _____ Date of Birth: _____

Parent/Guardian:

I, the parent/guardian, of the above named student, do hereby authorize the release of my child's official school records to Tallulah Falls School. I acknowledge that I waive my right to read confidential information which will be sent directly to Tallulah Falls School.

Signature of Parent/Guardian _____ Date _____

School Official:

The above named student has applied for admissions to Tallulah Falls School. Please send an official transcript, including the following:

- Official school transcript (two years) credits/courses completed
- Records of attendance and discipline
- Current year grades and/or progress reports
- Complete record of standardized testing
- Supplemental evaluation or testing that has been ordered or administered by the school for educational or behavioral purposes, and subsequent referrals or plans of intervention
- Birth certificate
- Social Security Card
- Health records and immunizations
- Individual Education Plan (IEP), a 504 Plan, or similar plan, if applicable

Thank you for your time and cooperation. Please sign and return the completed form with requested documents directly to the Admissions Office at Tallulah Falls School.

Name of School _____ School Official Signature _____

Date: _____ Email _____ Phone _____

*Please return completed Transcript/Records to the Tallulah Falls School Admissions Office
Mail: Tallulah Falls School • PO Box 10 • Tallulah Falls, GA 30573
Fax: 706.754.5757 • Email: admissions@tallulahfalls.org*