



NORTHSIDE HIGH SCHOOL

OFFICE OF THE PRINCIPAL
926 GREEN STREET
WARNER ROBINS, GEORGIA 31093-2780
PHONE- 478-929-7785 FAX- 478-929-7813



Request for Release of Records

School Receiving Request **Date**

Address **Phone Number**

City **State** **Zip** **Fax Number**

You are hereby requested to release records on the following student:

Last **First** **MI** **Grade** **Date of Birth**

X _____
Parent, Guardian or Administrative Signature

IMPORTANT NOTICE: If a copy of the student's transcript and withdrawal can be faxed with an AUTHORIZED SIGNATURE and a VISIBLE SCHOOL SEAL, we may accept these as OFFICIAL DOCUMENTS.

Please promptly forward records to:

Ms. Ozzie Brown/Records Clerk
Northside High School
926 Green Street
Warner Robins, GA 31093

Type of materials to be forwarded:

- Cumulative Permanent Records
- Test Scores
- Attendance
- Health/Immunization Records
- Clock Hours of Instruction per Quarter/Semester
- Grading Scale
- Graduation Requirements
- Grades earned during current Grading Period
- Disciplinary Record

****URGENT****

**PLEASE FAX A LEGIBLE
TRANSCRIPT OR GRADES
ASAP SO THAT WE MAY
GET THIS STUDENT
REGISTERED TODAY.
REMAINING RECORDS
MAY BE MAILED.**

If there is information which should be requested, including psychological data or special education records, please indicate or send necessary forms, phone numbers and addresses so that we may request this information.

PLEASE LIST ON THE TRANSCRIPT ALL AGENCIES THROUGH WHOM YOUR SCHOOL IS ACCREDITED.

Date Requested: 1st req. _____ **Faxed** _____ **Mailed** _____ **2nd req.** _____ **Faxed** _____ **Mailed** _____

Initial _____