



LIBERTY TECH CHARTER SCHOOL AUTHORIZATION TO RELEASE RECORDS

REQUEST FOR PUPIL RECORDS:

I hereby authorize _____ to release all records,

(Last school attended)

Including the academic and disciplinary records of _____

(Student's Name)

to Liberty Tech Charter School – 119 Price Rd., Brooks, Georgia 30205 .

The records are to be released for the purpose of admission in Liberty Tech Charter School and in compliance with O.C.G.A. 20-2-670.

Signature of Parent/Guardian

Printed Name

Date

PLEASE SEND THE FOLLOWING RECORDS TO:

SCHOOL: Liberty Tech Charter School
ADDRESS: 119 Price Rd., Brooks, GA 30205

NAME OF STUDENT

DOB

- ✓ Cumulative Record
- ✓ Report Card
- ✓ Immunization Record
- ✓ Test Data
- ✓ Discipline Record
- ✓ Special Education/504 Records

Mike Stewart, Principal

Gina Tonnis, Data Administrator

Signature
PHONE: 678-456-5673
EMAIL: mike.stewart@libertytechcharter.org

Signature
PHONE: 678-456-5673
EMAIL: gina.tonnis@libertytechcharter.org