Cobb County School District Form JBC-12b *Empowering Dreams for the Future*

**STUDENT ENROLLMENT/WITHDRAWAL VERIFICATION**

**This form must be fully completed.**

**Please Print or Type**

In compliance with Georgia Department of Education Rule 160-5-1-.28, Student Enrollment and Withdrawal verification is required when students transfer from one school/facility to another. Proof includes a Request for Records, or written acknowledgement from the enrolling school/facility. Student records will be sent to your school upon receipt of this completed form.

**REQUEST FOR PUPIL RECORDS**

I hereby authorize:

|  |  |
| --- | --- |
| Name of school student is withdrawing from: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  | Phone: |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | FAX: |  |

to release all records, including academic, disciplinary, gifted, \*Special Education/504, and \*\*ESOL records (if applicable) of:

|  |
| --- |
|  |

Student’s Last Name First Name Middle Name

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student’s Date of Birth: |  |  |  | Student’s Current Grade Level: |  |

(Signature of Parent/Guardian) Date (Signature of Student) Date

**\* Special Education/504 records must be specifically requested from Special Student Services, 514 Glover Street, Marietta, GA 30060.**

**\*\* ESOL records must be specifically requested from IWC, 1560 Joyner Avenue, Marietta, GA 30060.**

**PLEASE SEND THE FOLLOWING RECORDS TO:**

|  |  |
| --- | --- |
| Enrolling School: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  | Phone: |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | FAX: |  |

Cumulative Record, including Transcript and Attendance  Gifted Records

Report Card  Test Data

Special Education/503 (see note above)  Discipline Record

ESOL Records (see note above)  Immunization Record

|  |
| --- |
|  |

Name of School Official Requesting Records (Please Print)

Signature of School Official Requesting Records Title

**TRANSFER VERIFICATION: As confirmation of enrollment, the enrolling school/facility is asked to fax this verification form back to the withdrawing school/facility as soon as this student has enrolled.**

**Withdrawing School Use Only**

Date records sent to enrolling school \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_