Form JBC-12b

## STUDENT ENROLLMENT/WITHDRAWAL VERIFICATION

This form must be <u>fully</u> 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: L	assiter High So	chool	
Address: 2601 Shallowford Rd		Phone: 678-494-7866	
Marietta, GA 30066		FAX: <u>678-494-7886</u>	
to release all records, including academic, discip applicable) of:	linary, gifted, '	*Special Education/504, and **ES	OL records (if
Student's Last Name	First Name	Middle Name	
Student's Date of Birth:		Student's Current Grade L	evel:
(Signature of Parent/Guardian)	Date	(Signature of Student)	Date
* Special Education/504 records must be specifically rec ** ESOL records must be specifically requested from IV			, Marietta, GA 30060.
PLEASE SEND THE FOLLOWING RECOR	RDS TO:		
Enrolling School:			
Address:	I	Phone:	
	I	FAX:	
☐ Cumulative Record, including Transcript and Attendance ☐ Report Card ☐ Special Education/503 (see note above) ☐ ESOL Records (see note above)		☐ Gifted Records ☐ Test Data ☐ Discipline Record ☐ Immunization Record	rd
Name of School Official Requesting Records (Pl	lease Print)	_	
0			
Signature of School Official Requesting Records	3	Title	

8/20/14: Student Support

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Withdrawing School Use Only

Date records sent to enrolling school