



KILLIAN HILL

Christian School

AUTHORIZATION FOR RELEASE OF EDUCATIONAL RECORDS

Student's Name _____ Date of Birth _____ Grade _____

Last School Attended _____

Address _____

City, State, Zip Code _____

Phone _____ Fax _____

In accordance with the Family Education and Privacy Act of 1974, I consent to the release of all educational records to Killian Hill Christian School. I further agree for any other information requested to be released to Killian Hill Christian School, concerning the student named above.

Parent/Guardian's Signature

Date

RECORD CLERK, GUIDANCE COUNSELOR, OR PRINCIPAL:

The student named above has made application for admission to Killian Hill Christian School. We would appreciate you promptly sending the following:

1. Transcript and latest grades
2. Standardized test results
3. Any special testing results or placement in special programs
4. All disciplinary records or official statement of disciplinary action
5. All health records and certificate of immunization

Please mail to: Admissions
Killian Hill Christian School
151 Arcado Road SW
Lilburn, GA 30047