

To: \_\_\_\_\_  
From: \_\_\_\_\_  
Re: \_\_\_\_\_  
Date: \_\_\_\_\_  
Fax#: \_\_\_\_\_  
Number of Pages: \_\_\_\_\_

THIS FACSIMILE MAY CONTAIN  
CONFIDENTIAL AND PRIVILEGED  
COMMUNICATION. IF YOU GET IT  
BY MISTAKE, PLEASE DO NOT READ  
THE CONTENTS AND CALL \_\_\_\_\_  
TO INFORM US. THANK YOU.

The below referenced student is enrolling in the Gwinnett County Public Schools System. Please provide the requested information as indicated to expedite this enrollment Process.

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
Last Name First MI

Parent/Legal Guardian: (1) \_\_\_\_\_ Relationship: \_\_\_\_\_  
Last Name First MI

Parent/Legal Guardian: (2) \_\_\_\_\_ Relationship: \_\_\_\_\_  
Last Name First MI

School Requesting Information

School Releasing Information (Provided by parent)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Fax#: \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Fax#: \_\_\_\_\_

**Records Requested:**

Standard Educational Record \_\_\_\_\_ Immunization Certificate \_\_\_\_\_ VHD Certificate \_\_\_\_\_  
Psychological Reports \_\_\_\_\_ Special Education Eligibility Forms and IEP \_\_\_\_\_  
Gifted Eligibility \_\_\_\_\_ ESOL and ESL Record \_\_\_\_\_ Disciplinary Record \_\_\_\_\_  
Standardized Test Reports \_\_\_\_\_ Attendance History \_\_\_\_\_ Medical Reports \_\_\_\_\_  
Other \_\_\_\_\_

Is this student limited English proficient? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Needed, Most Recent Date of Assessment For English Proficiency \_\_\_\_\_

**I hereby authorize the above referenced school to release all requested records to the requesting school without hesitation or delay.**

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_