



BERRY
COLLEGE

Elementary &
Middle School

Authorization for Release of Education Records

Full Legal Name of Student: _____

Date of Birth: _____ Current Grade: _____

Name of Current School: _____

Current School Mailing Address (City, State, Zip): _____

School Phone Number: _____ School Fax Number: _____

Parent/Guardian Name: _____

Relationship to Student: _____

I, the undersigned parent/legal guardian, authorize release of the above named student's complete school record to Berry College Elementary & Middle School, to include *all of the following*:

Cumulative record including grades and attendance

Full Transcript

Progress Reports

Standardized Testing

Disciplinary Record

Psychological Evaluation

Special Placement Records and Reports

IEP/Accommodation Plans

Immunization and Health Record

Verbal Communication

Print Parent/Guardian Name

Signature Parent/Guardian Name

Date

Please email or mail confidential records to:

Berry College Elementary & Middle School

P.O. Box 490247

Mount Berry, GA 30149

BCEMS Phone Number 706-236-2242

Email: Kimberly Bergin, Director of Admissions, kbergin@berry.edu