

# BERRY Elementary & COLLEGE Middle School

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## Authorization for Release of Education Records

Full Legal Name of Student: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of 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 mail, fax, or email records to:

Berry College Elementary & Middle School

P.O. Box 490247

Mount Berry, Georgia 30149

BCEMS Phone Number 706-236-2242 BCEMS Fax Number: 706-238-7732

Email: Lynne Manna, BCEMS Admissions Director, Lmanna@berry.edu