

BERRY Elementary & COLLEGE Middle School

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