

GATEWOOD SCHOOLS, INC.  
139 PHILLIPS DR.  
EATONTON, GA 31024



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**RELEASE OF RECORDS**

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Student Name \_\_\_\_\_  
Last First Middle

The above student has applied to Gatewood Schools for the \_\_\_\_\_ school year. We would appreciate your promptly sending ALL of the following:

- |  |  |
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| <input checked="" type="checkbox"/> Academic Transcript                | <input checked="" type="checkbox"/> Standardized Test Records        |
| <input checked="" type="checkbox"/> Birth Certificate                  | <input checked="" type="checkbox"/> Social Security Card             |
| <input checked="" type="checkbox"/> Immunization Record                | <input checked="" type="checkbox"/> Eye, Ear and Dental Record       |
| <input checked="" type="checkbox"/> Psychological Evaluations (if any) | <input checked="" type="checkbox"/> Educational Evaluations (if any) |
| <input checked="" type="checkbox"/> Disciplinary Records (if any)      | <input checked="" type="checkbox"/> Final Transcript Only            |

The undersigned hereby consents to the release to Gatewood Schools of all educational records about the above named individual who is applying to Gatewood School.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail to: Gatewood Schools  
Attn: Libby Rainey  
139 Phillips Drive  
Eatonton, Georgia 31024  
706.485.8231, ext. 1300

Or Fax to: Libby Rainey  
706.485.2455