Alexsander Academy
Records Request form

Date :_____

Student name:_____
Social Security Number:_____

School :_____
Address:_____
_____
_____

I authorize the release of my child's records. Please send to the school and address listed below.

_____
Parent – Print Parent – Signature Phone # Date

Note to school: A request has been made for educational services to be provided at Alexsander Academy to the above named child. We would appreciate having from your files all materials that might be helpful in working with this student. Information requested:

Transcripts and educational records, psychological evaluations and testing, IEPs, educational testing, health and attendance reports, disciplinary records, any other records available

Please send records to:

Alexsander Academy
1090 Powers Place
Alpharetta, GA 30009
Attn: Stefanie Smith

If you have any questions please feel free to contact Stefanie Smith, Executive Director, at 770-777-0475. Thank you for your help in this matter.

PARENTS : Please send this form to your child's former school. Please do not return this form with your child's enrollment packet. THANK YOU!