



733 8th Street NW ♦ Washington DC 20001 ♦ (202) 600-4822 ♦ admissions@girlsglobalacademy.org

Release and Records Request Form

STUDENT INFORMATION

Student Last Name: _____ Student First Name: _____ Date of Birth: _____

Student I.D. Number: _____ Student USI Number: _____ Current Grade Level: _____

GIRLS GLOBAL ACADEMY (RECEIVING SCHOOL) RECORDS REQUEST

Attention Registrar: Please forward all applicable records listed below to admissions@girlsglobalacademy.org to the attention of Admissions Coordinator.

- Transcript
- Report Card/Progress Report
- Test Scores, ELL Assessments
- IEP/504 Plan/ City/State/Zip Code:
- Behavioral Implementation Plan/Discipline Records
- Court Orders/Legal Records
- Other (please specify) _____
- DC Health Universal Health Certificate
- DC Health Oral Health Assessment
- Medication & Medical Procedure Treatment Plan
- Counseling Records
- Psychological & Educational Information

Staff Name (Print): _____ Signature: _____

Title: _____ Date: _____

PARENT CONSENT TO RELEASE RECORDS

By signing this form, I authorize Girls Global Academy Public Charter High School to request and receive all school records. This includes academic, medical, counseling and behavioral documentation from the current and previous schools where the student named above has attended.

Print Name: _____ Signature: _____ Date: _____

Phone: _____ Email: _____

SENDING SCHOOL CONFIRMAITON (Please Complete)

I confirm that (student first & last name): _____ is no longer enrolled at:

School Name: _____

Address: _____

City/State/Zip Code: _____ Phone: _____

Email: _____

School Representative Name (Print): _____

Title: _____

Signature of Sending School Representative: _____

Date of Signature: _____

Date of students last day of attendance: _____

School Official Stamp or Seal