

By signing this form, I give Furth Preparatory School permission **to request and receive** all pertinent information regarding the applicant from his/her former schools, teachers, doctors, health clinics, hospitals, or any agency with additional medical, educational, disciplinary, social, and/or psychological information.

Applicant's Name:			
	Last	First	Middle
Current Grade Level:		Birth Date:/	_/

I hereby authorize and request the **release** of <u>all</u> medical, educational, disciplinary, social, and/or psychological information regarding this applicant itemized below. In addition, I release all liability and all claims pertaining to the disclosure of this information.

- Report Cards
- GA Immunization #3231
- Progress Reports
- GA Form #3300/Screenings
- Discipline/Behavior Records
- Math/English Recommendation

Official Transcript

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- Attendance Record
- Social Security Number
- Withdrawal Form
- Birth Certificate
- IEP and/or 504

Last two schools attended:

Name	
Address	
Name	Phone
Address	
Medical Provider	
Name	Phone
Address	
Authorizing Parent/Guardian (print)	Contact Number
Signature of Parent/Guardian	Date
	osure of information related to previous behavior disorders, se history could be grounds for immediate dismissal from Furtah
Preparatory School	