

Date Faxed: _____

COMMUNITY SCHOOL of DAVIDSON
Record Release Authorization

I hereby authorize:

Name of Previous School:	
Street Address:	
City, State, Zip:	
Phone:	
Fax:	

To send / release the records indicated below to:

Community School of Davidson
Attn: Student Records
565 Griffith Street
Davidson, NC 28036

Phone: 704-896-6262
Fax: 704-896-2025

Please provide the following information:

- Grades to date by marking period or final grade. Please include the grading codes.
- Attendance records.
- All available test scores.
- Health and Immunization records.
- Psychological evaluations (if applicable).
- **EC records (if applicable).**

BY STATE LAW, WE MUST HAVE ALL IMMUNIZATION RECORDS WITHIN 30 DAYS OF ENROLLMENT OR THE STUDENT IS SUBJECT TO SUSPENSION.

Student's Full Name

DOB

Parent/Guardian Signature

Date