



VICTORY BAPTIST SCHOOL

88 BRAND ROAD • LOGANVILLE, GA 30052 • SCHOOL@VICTORYBAPTISTSCHOOL.ORG • TEL 770.466.4074 • FAX 770.817.1724

AUTHORIZATION FOR RELEASE OF RECORDS

School _____

Street Address/P.O. Box _____

City _____ State _____ ZIP _____

We have enrolled the following child(ren) at Victory Baptist School:

STUDENT'S NAME(S)

GRADE ENTERING AT VICTORY

_____	_____
_____	_____
_____	_____

Please forward to Victory Baptist School all records concerning our child(ren) (including achievement test scores, cumulative folders, health records, immunization forms, transcripts, discipline records, and any other pertinent information) as soon as possible. I hereby authorize these records to be released. Thank you for your cooperation.

Parent or Legal Guardian _____ Date _____

Office Use Only

Date sent _____