

**RECORDS REQUEST FORM
2017 - 2018**

School requesting records: GENESIS INNOVATION ACADEMY
 Address: 1049 Custer Avenue, SE
 Atlanta, GA 30316
 (404) 990-3844

STUDENT NAME: _____

DATE OF BIRTH: _____ CURRENT GRADE LEVEL: _____

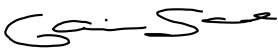
School Last Attended: _____

Address of School: _____
Number Street Name City, State Zip

School / District Student is Zoned to Attend: _____

I authorize the release of all **academic, health, guidance, discipline and other confidential** records for the above-named student to the requesting school listed above.

Parent or Legal Guardian Signature: _____ Date _____

 _____ Head of Schools _____ 5/1/2017 _____
 Signature of Requesting School Official Title Date

..... **Below section to be filled out by Current School official**

Please check all items included in the records packet being forwarded to Genesis Innovation Academy:		
Guidance File Records	<input type="checkbox"/>	Permanent Record and Transcript
Student Support Team (SST) Documents	<input type="checkbox"/>	Individualized Education Program
Psychological Report	<input type="checkbox"/>	Progress Reports
Speech/Language Evaluation	<input type="checkbox"/>	Educational Evaluation/Achievement Data
Eligibility Report for Identified Exceptionality(s)	<input type="checkbox"/>	Classroom Observation/Anecdotal Records
Occupational/Physical Therapy Report(s)	<input type="checkbox"/>	Consent for Placement
Neuropsychological Report	<input type="checkbox"/>	Transition Plan
Psychiatric evaluation report	<input type="checkbox"/>	Behavior Intervention Plan / Behavior Checklists
Audiological / Otological Reports	<input type="checkbox"/>	Consent for Evaluation
Eye Report	<input type="checkbox"/>	Georgia Alternative Assessment (GAA)
Adaptive Behavior Report	<input type="checkbox"/>	English Language Learner (ELL) documentation
Discipline Reports	<input type="checkbox"/>	Remedial Documentation
Gifted Documentation	<input type="checkbox"/>	Other: _____