



1307 Webb Gin House Road
Lawrenceville, GA 30045

Jeremiah Schmiede, Principal

school@solafide.com
office@solafide.com
770-972-1771
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PERMISSION TO RELEASE RECORDS

School from which Sola Fide is requesting records:

_____ (school name)

_____ (street address)

_____ (city, state, zip)

_____ (phone number)

The following student is being considered for enrollment in our school. According to our information, this student is currently attending or previously attended your school.

Name of Student: _____

Date of Birth: _____ Last Grade Attended: _____

Home Address: _____

Parents/Guardian: _____

Please release the full **academic, behavioral and attendance** records to **Sola Fide Academy** via email or postal mail

**1307 Webb Gin House Road
Lawrenceville, GA 30045
Email: school@solafide.com
Attention: Jeremiah Schmiede, Principal**

I hereby give my permission for the release to Sola Fide Academy of any medical, psychological, social, educational, or disciplinary information, including information from other agencies/sources.

I understand that this information will be used in the best interest of the above named person with due respect to confidentiality.

Signature of Parent or Guardian Date

Signature of Person Releasing the Records Date
(this box for use by student's former school only)