



**BERRY**  
COLLEGE

**Elementary &  
Middle School**

### Authorization for Release of Education Records

Full Legal Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Name of Current School: \_\_\_\_\_

Current School Mailing Address (City, State, Zip): \_\_\_\_\_

\_\_\_\_\_

School Phone Number: \_\_\_\_\_ School Fax Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

I, the undersigned parent/legal guardian, authorize release of the above named student's complete school record to Berry College Elementary & Middle School, to include *all of the following*:

- Cumulative record including grades and attendance
- Full Transcript
- Progress Reports
- Standardized Testing
- Disciplinary Record
- Psychological Evaluation
- Special Placement Records and Reports
- IEP/Accommodation Plans
- Immunization and Health Record
- Verbal Communication

\_\_\_\_\_

Print Parent/Guardian Name

\_\_\_\_\_

Signature Parent/Guardian Name

\_\_\_\_\_

Date

Please email or mail confidential records to:  
Berry College Elementary & Middle School  
P.O. Box 490247  
Mount Berry, GA 30149  
BCEMS Phone Number 706-236-2242  
Email: Lynne Reilly, Director of Admissions, Lreilly@berry.edu