MT. BETHEL CHRISTIAN ACADEMY

Lower/Middle School
Transcript Release Authorization
to Mt. Bethel Christian Academy

Instructions to parents:

Please complete this form and ask your child's current school to send his/her complete transcript to Mt. Bethel Christian Academy to the mailing address, e-mail address or fax number shown below.

Student's Name: _____ Applying to Grade: _____
Last First Name Called

Current School:_____ School Phone:_____

Street Address: _____

City, State, Zip: _____

By signing my name below, I, the undersigned, authorize Mt. Bethel Christian Academy to obtain a copy of my child's official school transcript including cumulative record, enrollment history, attendance record, current report card, report cards from the past three years, all standardized test results, discipline records, birth certificate, immunizations (Ga. Form 3231), hearing, vision, and dental form (Ga. Form 3300) from the school named above. I also authorize that all end-of-year scores be sent immediately upon availability.

Signature of Parent/Legal Guardian _____ Date _____

Mt. Bethel Christian Academy
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FAX: 770-971-3770
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