



# IMAGINE WESLEY INTERNATIONAL ACADEMY

1049 Custer Ave., Atlanta, GA 30316  
(678) 904-9137 fax (678) 904.9138

## AUTHORIZATION FOR RELEASE/REQUEST FOR STUDENT RECORDS

Student Name: \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth: \_\_\_\_\_

To: \_\_\_\_\_  
Former School

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Phone Number Residing District

**I hereby authorize the release of all school records including, but not limited to, my child's academic, immunization, and any school information regarding my son/daughter to:**

**IMAGINE WESLEY INTERNATIONAL ACADEMY**  
1049 Custer Ave., Atlanta, GA 30316  
(678) 904-9137 fax (678) 904.9138

X \_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date