



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: _____

Name of 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:

**WESLEY INTERNATIONAL ACADEMY
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(678) 904-9137 fax (678) 904-9138
www.wesleyacademy.org**

X _____
Signature of Parent or Legal Guardian Date