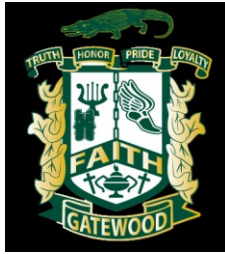


GATEWOOD SCHOOLS, INC.
139 PHILLIPS DR.
EATONTON, GA 31024



RELEASE OF RECORDS

Student Name _____
Last First Middle

The above student has applied to Gatewood Schools for the _____ school year. We would appreciate your promptly sending of the following:

- | | |
|---|---|
| <input type="checkbox"/> Academic Transcript | <input type="checkbox"/> Standardized Test Records |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Social Security Card |
| <input type="checkbox"/> Immunization Record | <input type="checkbox"/> Eye, Ear and Dental Record |
| <input type="checkbox"/> Psychological Evaluations (if any) | <input type="checkbox"/> Educational Evaluations (if any) |
| <input type="checkbox"/> Disciplinary Records (if any) | <input type="checkbox"/> Final Transcript Only |

The undersigned hereby consents to the release to Gatewood Schools of all educational records about the above named individual who is applying to Gatewood School.

Parent Signature _____ Date _____

Student Signature _____ Date _____

Please mail to: Gatewood Schools
Attn: Libby Rainey
139 Phillips Drive
Eatonton, Georgia 31024
706.485.8231, ext. 13

Or Fax to: Libby Rainey
706.485.2455