



THE STONEHAVEN SCHOOL

Request for Transcripts and Records

Parent or Guardian – please complete the top portion of this form and send to your child's current school.

I hereby authorize:

Name of last school attended: _____

Street Address/PO Box: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

to release all records, including academic, disciplinary, and special education/504 records, of:

Student Last Name *Student First Name* *Student Middle Name*

Student Date of Birth *Student Current Grade Level*

Parent or Guardian Signature *Date*

Please provide all records for the current year and two years prior if applicable. For 8th grade and above, the transcript should include all credits earned.

Please send all records to:

Email: admissions@stonehavenschool.org OR

Fax: 770-874-8886 OR

Mail: The Stonehaven School, ATTN: Records 1480 Joyner Ave, Marietta, GA 30060

A final copy will also be requested upon enrollment and completion of the school year.