



Grade Level for next school year: _____

For Office Use Only	
Accepted	
Sent	
Records Rcvd	
SIS released	

AUTHORIZATION TO RELEASE STUDENT RECORDS
DO NOT FORWARD TO CURRENT SCHOOL - BRING TO REGISTRATION

I hereby authorize:

 (Previous School Name)

 (Street/P.O. Box)

 (City, State, Zip Code)

To send/release the records indicated below to:

Lake Norman Charter School
 Middle School Campus
 12435 Old Statesville Road
 Huntersville, NC 28078
 Attn: Jennifer Wolfe

Please send the following records:

1. Official School Transcript
2. Report Card(s)
3. Health and Immunization Records
4. Standardized Test Scores (including, but not limited to, EOG, EOC, ITBS, etc.)
5. Attendance Record
6. Discipline Record
7. If Applicable, Confidential Records (individually administered test results and psychological, psychiatric and neurological reports)
8. If Applicable, Special Placement Records (including, but not limited to, IEP, 504, gifted, etc.).

Please remove fields in scheduling set up before withdrawing the student if transferring from a PowerSchool District.

 Student's Full Name

 Date of Birth

 Student ID Number

 Signature of Parent or Guardian

 Date