



Parental Release of Records
to Kingfisher from old school(s)

Acting as parent/guardian of _____, I hereby request the release of school records to:

Kingfisher Academy
Attn: Registration
P.O. Box 2372
Tucker, GA 30085
678-615-2313 (Office Phone)

I release staff of _____ from any and all liability in passing appropriate information only to Kingfisher Academy, Inc. All records must be mailed to the school, not delivered by parents.

Date

Parent/Guardian signature

Parent/Guardian email

Parent/Guardian daytime phone #