

**Coffee County School System  
REQUEST FOR SCHOOL RECORDS**

**STUDENT INFORMATION:**

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GRADE: \_\_\_\_\_

**SCHOOL RECORDS REQUESTED FROM:**

NAME OF SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**Please mail, fax or email the following records for enrollment.**

NOTE: According to Georgia DOE Board Rule 160-5-1-.14, schools must mail or otherwise deliver requested records within 10 calendar days of receipt of request. Schools shall not withhold any student record because of nonpayment of fees.

- Birth Certificate
- Immunization form 3231
- EED form 3300
- Social Security Card
- Attendance
- Behavior/Discipline Records
- Transcript
- Transfer Grades
- Initial Home Language Survey (If EL, please provide the screening date)
- Special Placement records and reports (including IEP's)
- EIP Checklist

**Parent Consent:**

My consent is given for my child's records and/or all other pertinent information to be released to the Coffee County School System. All information obtained will be kept strictly confidential. I give permission for Coffee County School System to obtain verbal clarification on any information received.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Coffee County School System Representative

\_\_\_\_\_  
Date

Mail, fax or *preferably* email records to:

[documents@coffee.k12.ga.us](mailto:documents@coffee.k12.ga.us)

**Coffee County Schools  
Enrollment Center  
1311 South Peterson Ave  
Douglas, GA 31533  
(912) 389-6890 phone  
(912) 383-4124 fax**