



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
High School Campus
12701 Old Statesville Road
Huntersville, NC 28078
Attn: Valerie Norris

Please send the following records:

1. Official High School Transcript
2. Report Card
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