



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
Elementary School Campus
10019 Hambright Road
Huntersville, NC 28078
Attn: SScott@LNCharter.org

Please send the following records:

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