



Grade Level for
Next School
Year _____

FOR OFFICE USE ONLY	
Accepted	
Request Sent	
Records Received	
Released in SIS	

AUTHORIZATION TO RELEASE STUDENT RECORDS

**DO NOT FORWARD TO CURRENT SCHOOL.
RETURN TO LNC ELEMENTARY SCHOOL.**

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: Cathy Swiney (cswiney@lncharter.org)

Please send the following records:

1. Report Card(s)
2. Health Assessment Form 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 Name

Date of Birth

Student ID Number

Date