



Grade Level for next school year: \_\_\_\_\_

For Office Use Only	
Accepted	
Sent	
Records Rcvd	
SIS released	

**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  
 Middle School Campus  
 12435 Old Statesville Road  
 Huntersville, NC 28078  
 Attn: Jennifer Wolfe

*Please send the following records:*

1. Official School Transcript
2. Report Card(s)
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