



Shiloh High School

4210 Shiloh Road

Snellville, Ga 30039

Phone: 770-972-8471

Name of Student Athlete: _____

Student ID: _____

Date of birth: _____

Phone Number: _____

GCPS School last attended: _____

Graduation Year: _____

Sports:

Records Requested:

- Transcript-Unofficial
- Test scores-if available
- Current class schedule
- Future class schedule

I give permission for Shiloh High School to release copies of my transcript, current class schedule, and future class schedule as needed for academic and athletic purposes.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

****Please submit the form to the head coach of the individual sport or Lori Simmons in the athletic office****

I understand that a student's education records are confidential and may only be disclosed as allowed by the Family Educational Rights and Privacy Act of 1974, or with the written permission of the student's parent or legal guardian, or of the student (if over 18 or attending a postsecondary school).