



# Breakthrough Atlanta

## Student Data Release

As part of your child's enrollment in Breakthrough Atlanta we would like to collect and track his/her academic progress. Therefore, we request your permission for Atlanta Public Schools to release your child's educational their academic information to Breakthrough Atlanta. The information collected will be used to design services for students and to assess the impact of Breakthrough Atlanta on your child's academic progress. The information released may include any and all educational information, such as:

- School enrollment dates
- Academic transcript data
- [Test score data](#)
- Student attendance
- College enrollment and persistence

All data collected will be kept strictly confidential and solely used for the aforementioned purposes. Your child's personally identifiable information will not be released to other people or organizations without your permission.

Please fully complete this form before submitting it with your child's application

Student's First and Last Name	Date of Birth	Student's Current School
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APS Student ID# (if applicable) \_\_\_\_\_

Address of Student's Current School \_\_\_\_\_

### PARENT OR GUARDIAN PERMISSION

I authorize my child's school to release the complete educational record of my child to Breakthrough Atlanta hosted at The Lovett School. I also give permission for Breakthrough Atlanta to access my child's future academic records.

Name of parent or guardian: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

Date: \_\_\_\_\_

If the student is over the age of 18 years old or will turn 18 during his/her involvement with Breakthrough Atlanta, he/she **must** also sign below:

Name of student: \_\_\_\_\_

Signature of student: \_\_\_\_\_

Date: \_\_\_\_\_