

**MILLER'S MILITARY ACADEMY  
RECORD RELEASE FORM**

**In Accordance with the Family Rights and Privacy Act of 1974, the following school has my permission to release information to Miller's Military Academy.**

<b>STUDENT NAME</b>	<b>GRADE</b>	<b>SCHOOL NAME</b>		
<b>SCHOOL ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>	<b>COUNTY</b>

**Please release my child's educational history, test scores, and health records to:**

**Miller's Military Academy  
6133 Redan Road  
Lithonia, Georgia 30058**

**If there are any questions or concerns, please call the Academy at (770) 484-8850.**

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**Signature of Parent or Legal Guardian**

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**Date**