

Academic Audit Referral Form

The audit staff of the Governor's Office of Student Achievement (GOSA) has developed a process whereby education stakeholders may refer pertinent information on schools or school districts that demonstrates potential need for an academic audit*. While references may be provided anonymously, priority for investigation will be given to those references that a) include contact information so that GOSA may follow up with particular questions, and b) are clearly investigable.

* Note: GOSA conducts academic audits of schools. The Professional Standards Commission conducts ethics investigations into individual educators' behaviors. The Department of Audits conducts financial audits of schools and school systems.

Please print or type.

Date:					
Petitioner Na	me:				
Mailing Addr	ess:				
Email Addres	s:				
Daytime Phor	ne:		Other Phone:		
Name of school or school district for which information is being provided:					
Is the petitioner employed by the named school or school district?					
Please provide a brief summary not to exceed the space provided below of the situation being reported.					
List the name(s) and telephone number(s) of any additional person(s) who may be able to verify the					
information included in this reference.					
Name:			Daytime Phone:		
Name:			Daytime Phone:		
Name:			Daytime Phone:		



Please provide a detailed description not to exceed the space below of the situation being reported that				
would compel GOSA to investigate the need to audit the named school or school district.				



Signature of Petitioner:			
Printed Name	Signature and Date		

Please attach and enclose copies of all applicable evidentiary documentation supporting the petitioner's claim.

Directions for Submission

Please mail, fax, or email this completed packet in its entirety to:

Governor's Office of Student Achievement Attn: Academic Auditing 205 Jesse Hill, Jr. Drive SE 952 Twin Towers East Atlanta, GA 30334 Fax: 404-463-1163

brian.delgado@gosa.ga.gov