



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 Auditor  
205 Jesse Hill, Jr. Drive SE  
952 Twin Towers East  
Atlanta, GA 30334  
FAX: 404-463-1163  
dgreenstein@georgia.gov