



HENDERSON
INTERNATIONAL
SCHOOL

Authorization to Release Records

I understand that at times, HIS is asked to release information regarding my child/children to school personnel, representatives of welfare, licensing and regulatory agencies, law enforcement, health care professionals, and any other person(s) who are deemed as serving in an official capacity as it pertains to health, safety and welfare of my child/children.

If an inquiry regarding my child/children is from other than a school or licensing agency personnel I will be informed of the information requested.

Student Full Name (please print) _____

Parent Full Name (please print) _____

Parent Signature _____

Date _____