



**Permission To Release Student Records
One form per student.**

Please return in a sealed envelope to the Registrar, Front Desk, West Building.

STUDENT INFORMATION - Please Print:

Student's First & Last Name: _____

Current Grade: _____ DOB: _____ Please Circle: Male / Female

By signing this form, I hereby give Henderson International School consent to release the above named student records to (please check all that apply):

- Prospective or Current Educational Institution
- Prospective Employer / Agency
- Attorney
- Health Services
- Other, please state: _____

I give consent to release the following documentation:

- Transcripts
- Report Cards
- Test Scores
- Attendance Records
- Behavioral Reports, including discipline and IEPs
- Teacher Recommendations
- Birth Certificate
- Health Records

I understand that student records will not be release until I provide written consent and that my account is up to date.

Parent Name - Print: _____

Signature: _____ Date: _____