



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

Section A: 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: _____

Section B: I request that my information is sent to:

Organization Name: _____
Contact Name and Title: _____
Address: _____
City, State, Zip: _____

Section C: 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

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

Parent Name - Print: _____

Signature: _____ Date: _____