



**PERMISSION TO RELEASE STUDENT RECORDS**

**One form per student.**

Please print information and return to the Registrar, Front Desk, West Building.

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Enrollment Status:       Current student                       Past student

School year/s attended: \_\_\_\_\_ School Year/s requesting: \_\_\_\_\_

**Section A:** By signing this form, I hereby give Henderson International School consent to release the above named student records to:

Organization Name: \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Section B:** I give consent to release the following documentation:

- Transcripts                       Report Cards                       Test Scores
- Attendance Records             Health Records                       Birth Certificate

**Section C:** I understand that for reasons of confidentiality, Teacher Recommendation requests need to be sent directly from the forwarding school to Henderson International - [admissions@hendersonschool.com](mailto:admissions@hendersonschool.com). Teacher Recommendations are not shared with parents or students.

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

Parent Name - Print: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_