



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: _____ Date of Birth: _____

School year attended: _____

Status: Current student Past student

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: _____

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
- Behavioral Reports, including discipline and IEPs

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. 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: _____