



# INTERNATIONAL SCHOOL OF LOUISIANA

## REQUEST FOR RECORDS

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Class/Grade: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**RECORDS REQUESTED** (Check item you need in the box below and give details)

		DETAILS
<input type="checkbox"/>	Grade Level	
<input type="checkbox"/>	Transcripts	
<input type="checkbox"/>	National Test Scores	
<input type="checkbox"/>	Medical	
<input type="checkbox"/>	Discipline	
<input type="checkbox"/>	Other	

**All records will be available within 10 business days upon receipt of the form. All records must be picked up by the parent or guardian making the request.**

Parent Signature: \_\_\_\_\_ Date Request: \_\_\_\_\_

**\*\*\*\*For Office Use Only - Department Routing\*\*\*\***

Database Dept: \_\_\_\_\_ Date Received: \_\_\_\_\_

Financial Services: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Food Services: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Library Dept: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Technology Dept: \_\_\_\_\_ Date Approved: \_\_\_\_\_