



INTERNATIONAL SCHOOL OF LOUISIANA

REQUEST AND CONSENT FOR RELEASE OF STUDENT RECORDS

Request Selection – Check One:

- Enrollment Verification
- Report Card (Grade Level): _____
- Transcript (Grades 6-8)
- LEAP Scores
- OTHER: _____

For Office Use Only:

Completed By: _____

Date: _____

Time: _____

Released By: _____

Date: _____

Time: _____

Student Information

| | | | | | |
|--|--|-------------|--|-----------|--|
| First Name | | Middle Name | | Last Name | |
| Campus of attendance at the time for which the data is being requested | | | | | |
| Grade level at the time for which the data is being requested | | | | | |

Pick Up Information

Records can be picked up by *the parent/guardian of the student ONLY*; *parent/guardian must bring appropriate identification*. Records will not be faxed to any non-educational institution. If the records are to be picked up, please provide a phone number below. If the records are to be sent by fax, please provide school contact information below. **All records will be available within 10 business days upon receipt of the form.**

I wish to pick up this request when it is ready. Call me at:

Please mail the records to the address on file.

OR

I wish for the requested records to be sent to the school/educational institution & contact person named below:

Check One: Fax Mail

School Name:

School Contact Information:

| | | | | | |
|-----------------|--|----------------------------|--|-----|--|
| Name | | | | | |
| Phone Number | | Fax Number (if applicable) | | | |
| Mailing Address | | | | | |
| City | | State | | Zip | |

| | | | |
|---|--|------|--|
| Parent/Guardian Name (please print) and Signature | | Date | |
|---|--|------|--|