



# 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 signature		Date	
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