

Consent for Release of Information

Date: _____
Student Name: _____ Date of Birth: _____
Parent/Guardian Name: _____
Parent Phone: _____ Parent email: _____

I authorize ISS International School to release student information, obtain information, and communicate with the following person or agency.

Name of Contact: _____ Title: _____
Organization: _____
Phone: _____ Email: _____
Address: _____
Release is valid until: _____

Please indicate the information you would like released:

- Personal information regarding crisis, counseling services, trauma, life event, or similar
- Test results, reports or documentation
- Tutoring or academic support
- General school performance, academic progress or behaviour conduct
- Permission to send a confidential, sealed recommendation letter directly to a university, secondary school or officially recognised educational program
- Other (Please specify): _____

I understand that all information is confidential and private. It cannot be released without the consent of the parent or legal guardian.

Date: _____
Parent Signature: _____
Relationship to Student: _____
Student Signature: _____
Received by school on: _____
School Official (Signature and Title): _____