



Release of Student Records (Please complete this page for each child.)

Please accept this document as formal approval for the release of all official school records (including the record of transcripts, testing information, special education, health and immunization records).

Student Information

Student's Full Name: _____
first middle last

Student's Date of Birth: _____ Home Phone: (_____)
(dd/mm/yyyy)

Student's Legal Address: _____
address line 1

address line 2

city state/province zip/postal code country

Prior School Information

Name of Prior School: _____

School's Address: _____
address line 1

address line 2

city state/province zip/postal code country

School's Phone: (_____) _____

Name of Parent or Legal Guardian: _____
first last

Parent/Guardian's Signature: _____ Date: _____

SCHOOL OFFICIALS ONLY:

Send student records to: ISBerne Online
Email: info@isberneonline.com

Student's Name:

Student's Home Phone: