



INTERNATIONAL SCHOOL OF LOUISIANA

REQUEST AND CONSENT FOR RELEASE OF STUDENT RECORDS FORM

☐ **St. Roch Campus**
2518 Arts Street
New Orleans, LA
70117

☐ **Uptown Campus**
1400 Camp Street
New Orleans, LA
70130

☐ **Westbank Campus**
502 Olivier Street
New Orleans, LA
70114

Student First Name: _____ Student Last Name: _____

Current Grade: _____ Date of Birth: _____ Student ID #: _____

Request Selection:

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

Pick Up Information:

Records can be picked up by the parent/guardian of the student **ONLY** (*with 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 the new schools fax number and contact information below.

All records will be available within 10 business days upon receipt of the form.

- ☐ I wish to pick up the requested records when they are ready.
Phone Number: _____
- ☐ I wish to have the requested records sent to my email address.
Email: _____
(*Must be the same email address we have on file.*)
- ☐ I wish to have the requested records faxed or emailed to the school/educational institution & contact person named below:

School Contact Information:

School Name: _____

Contact Person: _____

School Mailing Address: _____

Phone Number: _____

Email: _____

School Number: _____

Fax Number: _____

Parent/Guardian Signature: _____ Date: _____

For Office Use Only

Completed by: _____ Date: _____ Time: _____

Released by: _____ Date: _____ Time: _____