



Authorization to Release Student Information

I hereby authorize _____

name address and telephone of student's present school
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to release the school records of student's:

Last Name: _____
First Name: _____
Middle Name: _____

Birth Date: Day: _____ | Month: _____ | Year: _____

Gender: Male: _____ | Female: _____

Records to Include:

- ___ 1) Standardized Test Data
- ___ 2) Scholastic Achievement Data (transcripts of grades, etc.)
- ___ 3) Three Confidential Reference Forms (two from teachers, one from counselor or principal)
- ___ 4) Health Records
- ___ 5) Psychological, Psychometric and other Individualized Test Data
- ___ 6) Record of any Individualized Program(s)
- ___ 7) Record of Attendance

Please address school records to one of the following:

Calle 10 y Pasaje Kantutas. Calacoto/o American Embassy, La Paz, Bolivia Attention: Elementary Registrar (PK - 5 Grades)	Calle 10 y Pasaje Kantutas. Calacoto/o American Embassy, La Paz, Bolivia Attention: Secondary Registrar (6 - 12 Grades)
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Parent or Guardian Name (please print): _____

Parent or Guardian Signature: _____

Date: _____ (All dates are in the form: month/day/year)