

MIDTOWN INTERNATIONAL SCHOOL

Authorization and Permission to Release Student Information

Student Full Name: _____

DOB: _____
(MM/DD/YY)

Current Grade: _____

School/Organization: _____

School Address: _____

School City, State, Zip: _____

School Phone Number: _____ School Fax Number: _____

I authorize the release of my child's school records to Midtown International School.

Parent Signature: _____ Date: _____

ATTN: SCHOOL REGISTRAR

We are requesting the following records for this:

- Transcript of grades
- Standardized test scores
- Health and Immunization records
- Record of placement in Gifted Program
- Other _____

Send records to:

Midtown International School

1575 Sheridan Road NE

Atlanta, GA 30324

OR

Email to: Admissions@midtowninternationalschool.com

Or

Fax to: 404.935.0530

midtowninternationalschool.com 404.542.7003

1575 Sheridan Road NE Atlanta, GA 30324

(For Office Use Only)

Date Requested: _____ Date Received from School: _____

Material Received: _____