



INTERNATIONAL STUDENT RECORD RELEASE AUTHORIZATION

INSTRUCTIONS: This form gives permission to your student's current school to release his or her school records to another institution.

The parent/guardian should give this completed form to the school releasing the records (not Covenant Life School).

1. Student's Name for Whom Records are Requested:

Last First MI Grade Date of Birth

2. School Releasing the Records:

Name

Street

City State Zip Code

Country

3. Please Mail Records To:

**COVENANT LIFE SCHOOL
7503 Muncaster Mill Road
Gaithersburg, MD 20877 USA**

Or scan and email to:

Admissions@clsemail.org

4. Parent Authorization:

I give permission for Covenant Life School to receive the following for my child:

- Academic records
- Health records
- Confidential/Behavioral records
- Information regarding learning challenges or disabilities

Signature of Parent or Guardian

Date