

7503 Muncaster Mill Road Gaithersburg, MD 20877 USA

INTERNATIONAL STUDENT RECORD RELEASE AUTHORIZATION

<u>INSTRUCTIONS</u>: 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 <u>to the school releasing the</u> records (not Covenant Life School).

Country Please Mail Records To: COVENANT LIFE SCHOOL 7503 Muncaster Mill Road Gaithersburg, MD 20877 USA Or scan and email to: Admissions@clsemail.org Parent Authorization: I give permission for Covenant Life School to receive the following for my ch Academic records Health records Confidential/Behavioral records Information regarding learning challenges or disabilities	Last	First	MI	Grade	Date of Birth	
Street City State Zip Co Country Please Mail Records To: COVENANT LIFE SCHOOL 7503 Muncaster Mill Road Gaithersburg, MD 20877 USA Or scan and email to: Admissions@clsemail.org Parent Authorization: I give permission for Covenant Life School to receive the following for my ch Academic records Health records Health records Confidential/Behavioral records Information regarding learning challenges or disabilities	School Relea	asing the Records				
City State Zip Co Country Please Mail Records To: COVENANT LIFE SCHOOL 7503 Muncaster Mill Road Gaithersburg, MD 20877 USA Or scan and email to: Admissions@clsemail.org Parent Authorization: I give permission for Covenant Life School to receive the following for my ch Academic records Health records Confidential/Behavioral records Information regarding learning challenges or disabilities			Name			
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 Health records Confidential/Behavioral records Information regarding learning challenges or disabilities 	I give permis	ssion for Covenaı	nt Life Schoo	ol to receive the fo	llowing for my child	
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