



## **AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION**

**Completed by: PARENT/CAREGIVERS**

Student Name:

Current Year/Grade:

Date of Birth:

Parent Name:

Address:

Telephone:

Email:

I authorize Luanda International School to release information including but not limited to full academic records, transcripts, attendance records, special education records, school counseling records, psycho-educational evaluations, and teacher/counselor/staff observations to forwarding school.

This authorization takes effect the day that it is signed and expires after the requested information is received.

Date:

Signature:

**Please fill out and attach to your on-line application or email to  
[enrollment@lisluanda.com](mailto:enrollment@lisluanda.com)**