



REQUEST/RELEASE FOR RECORDS

Date: _____
Requested from (School name/contact): _____
Email or Fax: _____

Student's Name: _____
DOB: _____

****Please DO NOT send CUMMULATIVE FILE****

<input type="checkbox"/> Official Transcript (Sealed/Stamped/Signed)	<input type="checkbox"/> Language Proficiency Scores
<input type="checkbox"/> Please indicate last date of attendance/withdraw date	<input type="checkbox"/> Unofficial Transcript
<input type="checkbox"/> IEP & Psych Report/504 Plan (if applicable)	<input type="checkbox"/> Discipline Record

****Please include current grades for each course in progress at time of withdrawal**

Please send documents by:

MAIL TO: Advantages School International
ATTN: Registrar
1650 Robb Drive, Suite B2
Reno, NV 89523

EMAIL TO: Jtynan@ADVANTAGES-DLS.com

FAX TO: 702-441-0499

Requested by: Jennifer Tynan (Registrar) _____

Authorization for Release of Information: The undersigned hereby grants permission to release all available requested school records for the above-named student to the Registrar of Advantages School International.

Signature of Parent/Guardian: _____

Signature of Client (if 18 years or older) _____

1st Request

2nd Request

3rd Request