



MIDTOWN
INTERNATIONAL
SCHOOL

Authorization and Permission to Release Student Information

Student Full Name: _____

DOB: _____ 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 student:

- _____ Transcript of grades
- _____ Standardized test scores
- _____ Health and immunization records
- _____ Record of placement in gifted program
- _____ Other _____

Send records:

Via email: Admissions@midtowninternationalschool.com;

Via mail: Midtown International School, 1575 Sheridan Road NE, Atlanta, GA 30324

Via fax: 404-935-0530