

國際學校



インターナショナル スクール

RELEASE OF INFORMATION

STUDENT'S NAME

Birthday: _____

Age: _____

I authorize _____

Name of School and Personnel

to release to

OMNI International School, Inc. and
OMNI International School Academy, LLC

(Name of Person or Organization to which disclosure is to be made)

The following information: Teacher Evaluation Forms Progress Reports Withdrawal Forms
 Transcript Report Card Immunization Record IEP Diagnostics/Evaluations Other _____

(Nature of Information) _____

(Purpose of Information) _____

I understand that my records are protected under federal and state confidentiality regulations and cannot be disclosed without my written consent. I further acknowledge that the information to be released was fully explained to me and this consent is given of my own free will.

Printed Name of Parent, Guardian or Authorized Representative

Signature of Parent, Guardian or Authorized Representative

Date

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