



REQUEST FOR STUDENT RECORDS

TO: (Previous school address to be entered.)

The student(s) named below has/have applied for a boarding place at the Bahrain School.
Please provide BISA with a copy of all school records, school grades and transcripts, standardized testing scores, IEP's, Health Records, confidential records and testing score when applicable.

Student name	Date of Birth	School year attended	Grade

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AUTHORISATION	
I, _____ (parent/guardian's name) do hereby request and authorize the release of records and files for the above named students.	
Signature of Parent/Guardian	Date

Please send records and file to:	The Director Bahrain International School Association Post Office Box 24231 Muharraq BAHRAIN
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