



School Motto: "Schutz is Family"

Authorization Form for School Records

"The mission of Schutz American School family is to provide a premier education empowering all of our students to pursue their passions as confident global citizens."

Authorization is hereby granted to the Schutz American School to:

I hereby authorize you to release all official student records. This will include and not limited to any existing information regarding attendance, behavior, report cards/transcripts, and results of all psychological, educational or speech and language testing administered to the applicant.

Obtain information from: Release information to: BOTH obtain from and release to:

_____ Address: _____
School, Physician, Agency, Individual, etc. Phone: _____

for the following information pertaining to: _____
Name of Student

RECORDS (check all that apply):

- _____ School Records:
Permanent Record (name, address, birth date, grade level completed, grades, class standing, attendance, standardized achievement, ability, aptitude test scores)
- _____ Extracurricular activities, awards, and offices held.
- _____ Educational Intervention Reports
- _____ Individualized Education Program Reports/Plans
- _____ Health and Medical Records/Information
- _____ Verbal Communication

_____ Date
Parent/Guardian Signature (if student is under 18 years old):

_____ Date
Student Signature (if student is 18 years or older)

Copy to be placed in student permanent folder
Records are released to Schutz American School Office of Admissions.

Address: 51 Schutz Street, PO Box 1000, Alexandria, Egypt.
Telephone :(+203)574-1435/576-2205 Fax :(+203)576-0229.
Registrar Cellphone: (+20)1206930083.
Email: kbasmadjian@schutzschool.org.eg