



**EAGLE
HOUSE
SCHOOL**
Exaltatus Fueris

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AUTHORIZATION TO RELEASE STUDENT RECORD INFORMATION TO EAGLE HOUSE SCHOOL

Student's Name: _____

School: _____

Grade Level: _____

I hereby authorize my child's school to release student record information, including student name, addresses, e-mail address, and transcripts, to Eagle House School. I understand that only Eagle House School's admission personnel and management will have access to my child's student record. Student information, including names and addresses, will not be given to others for any purpose. This information will be utilized only by Eagle House School to implement and support the student's application for enrolment.

Parent/Guardian full names: _____

Parent/Guardian contact number: _____

Signature of Parent or Guardian

Date