



AUTHORIZATION TO RELEASE STUDENT RECORDS

Student: _____ DOB: _____ Grade: _____

School Name: _____

Address: _____

Phone: _____ Fax: _____

School contact Email: _____

NOTE: ABA will send a Confidential Recommendation Form to be completed by the appropriate Administrator/Teacher/Counselor.

Recommender/Position _____ Email: _____

Permission is hereby given for ABA Oman International School to obtain the following information regarding the above-named student:

- ☐ ENTRY ASSESSEMENTS, IF REQUESTED, TO BE FACILITATED BY CURRENT SCHOOL
- ☐ STUDENT EDUCATIONAL RECORDS FOR LAST 2 YEARS (Including those listed below)
- ☐ SPECIAL SERVICES RECORDS
(Individual Education Plans, Educational Psychological Reports, Speech / Language Support Evaluations, etc.)

Is the student presently receiving Special Education services? ☐ Yes ☐ No

Has the student received Special Education services in the past? ☐ Yes ☐ No

Is the student presently receiving any type of English as a Second Language support?
☐ Yes ☐ No

Signature of Parent/Guardian

Date

Please email, fax or mail all of the requested documents (in a sealed envelope) directly to ABA's Registrar with a copy to the current school. All documents are required to be signed and stamped by the relevant school administrator.