

Dear Parents of Student Applicant,

Please present this form to your current school counselor for a release of school records.

## **REQUEST FOR RELEASE OR TRANSFER OF SCHOOL RECORDS**

Requesting that an official copy of school records of:

Name of Student: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Grade: \_\_\_\_\_

School last attended:

\_\_\_\_\_

\_\_\_\_\_

Released to parents or transferred as soon as possible to:

Yongsan International School of Seoul  
Attn: Admissions Office  
Y.S.P.O. Box 62  
Seoul, Korea 140-600  
Fax: 82-2-797-5224

It is understood that this is to include all academic, medical, and psychological records that can be released within school policy.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_