



ALMA MATER

INTERNATIONAL SCHOOL
INTERNASIONALE SKOOL

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**AUTHORIZATION TO RELEASE STUDENT RECORD INFORMATION
TO ALMA MATER INTERNATIONAL 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 Alma Mater International School. I understand that only Alma Mater International School 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 to implement and support the student's application for enrollment.

Parent/Guardian full names: _____

Parent/Guardian contact number: _____

Signature of Parent or Guardian

Date