



# International School of Stavanger

Treskeveien 3, 4043 Hafersfjord, Norway  
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## OFFICIAL RECORDS REQUEST FORM

Dear Principal/Counselor,

**Student name(s):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I request that you send to the International School of Stavanger an official copy of the above named student(s) permanent records and health files. Please include any EAL (English as an Additional Language), psychological or special records.

**Parent/Guardian's signature:** \_\_\_\_\_

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

Please send the records to:

**International School of Stavanger**  
**Treskeveien 3**  
**4043 Hafersfjord**  
**Norway**

Marked to the attention of :

or **Primary School Office** (Pre-School – Grade 5)  
or **Middle School Office** (Grades 6 - 8)  
or **High School Office** (Grades 9 – 12)