



International School of Stavanger

Treskeveien 3, 4043 Hafslsfjord, Norway
Tel: +47 51 55 43 00 Fax: +47 51 55 43 01 Email: info@isstavanger.no Website: www.isstavanger.no

Office Use Only	
Recd.	
Library	
Bus. Mgr	

WITHDRAWAL & RECORD RELEASE REQUEST

Please return to the central office.

Student(s) Details:

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Last date attended ISS: _____ Company Name: _____

(Please include country if appropriate, eg. Norske Shell, German NATO)

Forwarding Address:

I would like to collect my child's school records on the following

Date: _____ (Please allow 2 weeks notice)

OR:

Please forward my child's records to the following address:

In order to refund the remaining money on your child's lunch card and/or milk/fruit card, we require a Norwegian bank account number. _____

Signature of Parent or Guardian

Date



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WITHDRAWAL CONFIRMATION *To be completed by the student or parents.*

Student's name

Grade

- ✓ All library books have been returned.

Signature of Librarian

Date

- ✓ All text books have been returned to Homeroom teacher.

Signature of Homeroom Teacher

Date

- ✓ All invoices have been paid.

Signature of Business Manager

Date

Records collected: _____
Date

Signature: _____