

## **Alumni Record Release Form**

Full Name of Alumnus (a):
Date of Birth MM/DD/Year:
Year of Graduation:
If you did not graduate from ASF please specify year and grade level you attended ASF.
Ex. 8 <sup>th</sup> grade 2016-2017, 9 <sup>th</sup> grade 2017-2018
I authorize The American School Foundation A.C. of Mexico City to check my cum folder and send me copy of my records.
Authorization and release of records
Alumnus (a) Full Name:
Alumnus (a) signature:
Date:

Once you complete this form please send it to this email: <a href="mailto:studentrecordsoffice@asf.edu.mx">studentrecordsoffice@asf.edu.mx</a> and please attach a copy of your official ID.

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