



# Request for Release of School Records

---

TO:

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

I authorize the release of my child's transcript, test scores, and any related records, reports, and evaluations, and request that they be included with my child's application to Grace Lutheran School. I also ask that you release updated transcripts and test scores to Grace Lutheran School as they may be requested. Please have any records translated into English.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Contact Information:**

Grace Lutheran School  
2252 SE 92<sup>nd</sup> Avenue  
Portland, OR 97216  
1-503-777-8628