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

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