

PLEASE COMPLETE, SIGN & FORWARD FORMS TO YOUR CHILD'S CURRENT SCHOOL ASAP. THANK YOU.

## ST. JOHN LUTHERAN SCHOOL

### Parent Authorization for Release/Request of Student Records

In accordance with Federal and State laws, I hereby authorize the release to the school named below the following student records.

<input checked="" type="checkbox"/> Transcript of Grades	<input checked="" type="checkbox"/> Attendance Records
<input checked="" type="checkbox"/> Withdrawal Grades	<input checked="" type="checkbox"/> Psychological Records
<input checked="" type="checkbox"/> Health Records	<input checked="" type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Achievement Test Scores	

\_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_  
Name

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

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School Name: St. JOHN LUTHERAN SCHOOL  
Address: 4386 Mayfield Road  
City/State: South Euclid, OH 44121

Records may not be disclosed to a third party without parent consent.