

RELEASE OF RECORDS

Student's Name: _____ Date of Birth: _____

As the above named student's parent/guardian, I grant permission as follows:

- Release of All Student Records, including but not limited to:
Cumulative-permanent record, special education records, grade reports, discipline records, health records, attendance records, test scores, copy of birth certificate, and a copy of athletic physical.

This information is to be released between:

School/Agency: _____ St. Paul's Lutheran School
Address: _____ and 1780 Career Center Rd.
_____ Bourbonnais, IL 60914

- Review of my child's files by: _____
(Someone other than authorized personnel at St. Paul's Lutheran School)

I understand that this release of information is in effect through _____ (not to exceed one year), and that I may withdraw consent for this release at any time.

Parent/Guardian Signature

Date

St. Paul's Lutheran School Representative and Title

Date