

AUTHORIZATION TO RELEASE STUDENT RECORD INFORMATION

Last Name First Name MI

Principal Address

City State Zip Code

Grade & Year Last Attended

Release Information to:

Mrs. Michelle Eggold,
Our Savior Lutheran School
1500 San Simeon Way
Fenton, MO 63026

I hereby authorize _____
(school name and address)

to release the information requested in Column A and approved by the undersigned in Column B to the above named school/individual. Thank you for your prompt attention and response to my request.

Parent's Signature _____ Date _____

<u>Column A</u> <u>Records</u> <u>Requested</u>	<u>Column B</u> <u>Records</u> <u>Released</u>	<u>Descriptions</u>
_____	_____	Official School Transcripts
_____	_____	Official Administrative Record (name, address, birthdate, grade successfully completed, grades, attendance record)
_____	_____	Standardized Achievement Test Results
_____	_____	Intelligence and Aptitude Test Data
_____	_____	Health/Immunization Records (dental, if available)
_____	_____	Psychological Reports
_____	_____	Special Needs Staffing Reports
_____	_____	Individualized Education Program
_____	_____	Social Work Reports
_____	_____	Other: _____

Office Use Only:

Date Info sent: _____ By: _____

Comment: _____