

GRACE LUTHERAN SCHOOL
STUDENT RECORD RELEASE FORM

Student Name: _____

Date of Birth: ____/____/____ Grade: _____ <> Male <> Female

Address: _____

RECORDS TO BE RELEASED FROM:

School Name: _____

Address: _____

Phone: _____ Fax: _____

Please send the following information to the attention of **Admissions**:

- Birth Certificate
- Immunization Record
- Cumulative Grade Report
- Standardized Test Scores
- Discipline Records
- Attendance Records
- Legal Documents Regarding Custody – If Applicable
- IEP/504 Records – If Applicable

I, _____ authorize the immediate release of information specified above to the institution listed above.

Signature of Parent/Guardian

Date

SEND RECORDS TO:

Grace Lutheran School
Attn: Admissions
3321 South Memorial Parkway
Huntsville, AL 35801

Phone: 256-881-0553
Fax: 256-881-0563
Email: gls@gls-hsv.org