



AUTHORIZATION FOR RELEASE OF OFFICIAL RECORDS

I, _____ hereby give permission for:
(Parent Name)

(School Name)

(School Street Address)

(City)

(State)

(Zip)

to release official school records and transcripts, including records of disciplinary actions and administrative contacts, and the results of any psychological testing, non-standardized evaluations, and standardized testing. Birth certificate and Immunization records as well.

I authorize your staff to discuss these records with the admissions staff of Valley Lutheran High School.

My Child: _____ Date of Birth: _____
(Name of Student)

_____ Date: _____
(Name of Parent)

Requested By: _____ Date: _____
Kat Stokes, Principal

Federal Law 99:31: No parent signature is required for educational records sent to an educational agency.