



LEAH SCHOOLS NORTH ACADEMY

AUTHORIZATION TO RELEASE INFORMATION
Give this form directly to your CURRENT SCHOOL.

Student's Legal Name: _____
Last First Middle

Grade Applying for: _____ For the academic _____ Fall (yr.) _____ Spring (yr.)

Directions

To the Parent: Please fill in all the information requested for your student. Give this form to the school Registrar at the current school to have his/her records forwarded to Lutheran High North.

To the Registrar: The student name above is seeking admission to LEAH Schools North Academy. Please forward all records (including transcript, standardized test scores, and medical records) to the North Academy Office of Admissions. We appreciate your effort on behalf of this student and we thank you for providing us with the needed credentials.

- A copy of the applicant's complete Immunization Records
- A copy of the applicant's Birth Certificate
- A copy of the applicant's most recent Report Card from the present school
- A copy of the applicant's most recent Standardized Test results
- A copy of the applicant's Unofficial Transcript
- A copy of any Specialized Testing the applicant may have taken

Authorization is hereby granted to: _____
Name of your student's present school

to release information from the file of my student. Please forward to the North Academy Office of Admissions.

Authorized Signature of Parent/Guardian

Date

Mailing address:

1130 West 34th Street Houston, TX 77018

Email:

admissions@lhnlions.org

Fax:

713-880-5447