

Parent Authorization for Release of School Records

Parent: Please sign this form and forward it to your child's current school.

I hereby authorize you to release all official student records for:

_____ Grade _____
please print student's name

Parent's signature

Home phone #

Date

School Registrar: Please send copies of the following:

Progress Report/Transcript

Immunization Records

Standardized Test Scores

Attn: Admissions

Dallas Lutheran School

8494 Stults Road

Dallas, TX 75243

214-349-8912

or

Email:

katiemayfield@dallaslutherschool.com