Parent Authorization of Release of Records

Dear Parents,

Please complete the information below and return this form to the office at St. Paul's Lutheran School (or email to admissions@splsorange.org) so that we can request your child's records from their previous school.

Please fill in the child's PREVIOUS school information:

NAME OF SCHOOL

ADDRESS OF SCHOOL

CITY, STATE, ZIP

FAX #/Email

In accordance with the Family Educational Rights and Privacy Act of 1974 and California State Law, I hereby authorize the release to the below named school, all records, including grade, health records, and any other developmental information regarding the below named pupil.

NAME OF STUDENT _____

DATE OF BIRTH	GRADE ENTERING

PARENT SIGNATURE _____ DATE _____

Please send the above requested records to: ST. PAUL'S LUTHERAN SCHOOL ATTN: SCHOOL RECORDS 901 E. HEIM AVENUE ORANGE, CA 92865

