

Official Release
of Confidential Information

Parents, please complete the information requested below in order for your child's records to be released to Lutheran High School.

Student's Name _____

Date of Birth _____ Phone _____

Address _____

City _____ State _____ Zip _____

Name of Previous School _____

School Address _____

City _____ State _____ Zip _____

School Phone _____ School Fax _____

I hereby authorize the school listed above to release my student's educational records, including, without limitation, transcripts of grades, discipline records, standardized or special testing results, individual educational program results and immunization records.

Send records to:

Lutheran High School
11249 Newlin Gulch Blvd, Parker CO 80134
Phone: 303-841-5551 Fax: 720-842-1015

A MINISTRY OF THE COLORADO LUTHERAN HIGH SCHOOL ASSOCIATION

My signature authorizes the disclosure and transmittal of all educational records as specified above, and releases all persons and entities providing such records from any liability or responsibility or for doing so. I understand that Lutheran High School has no obligation to disclose to me or my student the content of any records or information obtained pursuant to this release, and that this material will be treated in a confidential manner and will be used for the purpose of possible admission or will become a part of the student's permanent records at Lutheran High School.

Parent/Guardian Signature _____ Date _____