

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

please print student's name

Grade _____

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 fax 214-340-3095