



Request for Release of School Records

TO:

Name of Student: _____ Grade: _____

I authorize the release of my child's transcript, test scores, and any related records, reports, and evaluations, and request that they be included with my child's application to Grace Lutheran School. I also ask that you release updated transcripts and test scores to Grace Lutheran School as they may be requested. Please have any records translated into English.

Parent or Guardian Signature: _____ Date: _____

Contact Information:

Grace Lutheran School
2252 SE 92nd Avenue
Portland, OR 97216
1-503-777-8628