Our Savior Lutheran School
1916 Ridgewood Avenue, S.E.
Grand Rapids, Michigan 49506

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

I hereby authorize: _____
(previous school district or agency)

_____
(address city state zip)

to release the written school record of:

_____ _____ _____
student's name grade/classroom birthdate

_____ CUMULATIVE RECORD FOLDER - SEND TO ABOVE ADDRESS
(including official transcript of grades/credits, health/immunization records, attendance data, withdrawal grades if transferring during school year, and other pertinent information)

_____ CONFIDENTIAL INFORMATION
(including all special education reports and testing; psychological, social work, and/or speech reports; and other pertinent information)

_____ _____
date requested date received

This authorization is a one time only release to the above organization.

The Family Educational Rights and Privacy Act of 1974, Section 99.34, states in summary that schools in which the student seeks or intends to enroll, upon condition that the student's parents be notified of the record transfer, receive a copy of the record if desired, and have an opportunity to challenge the record content. Because many school districts require parental approval before releasing student records, Our Savior Lutheran School requests the parent/guardian signature.

_____ _____
Date Parent/Guardian /Signature