

Lamb of God Lutheran School

6232 N. Jones Blvd., Las Vegas, NV 89130

Phone: 645-1626 Fax: 645-6031

Email: info@lambschool.org

Authorization for Release of Student Records

Student: _____ Grade: _____ DOB: _____

A request for records from: _____ (Name of previous school)

_____ (Street Address)

_____ (City, State, Zip)

Denial or consent is signified by an "X" on the appropriate line.

<u>Consent Granted</u>	<u>Consent Denied</u>	<u>Type of information to be released</u>
_____	_____	Official permanent record (parent's name, student's name, birth date, grade level, Academic level of achievement, test scores, standardized achievement, aptitude tests and attendance data)
_____	_____	Results of psychological assessments and/or consultations
_____	_____	Teacher/Counselor observation and ratings
_____	_____	Health data (vision/hearing/immunizations)
_____	_____	Special Education placement forms and individual education plans
_____	_____	Discipline issues
_____	_____	Other data (specify) _____

I, hereby, as the parent/guardian of a student under 18 years of age, do request and authorize the release of all school records for my child to be sent to Lamb of God Lutheran School.

Parent/Guardian name: _____

Parent/Guardian signature: _____

Date: _____