

RELEASE OF RECORDS

I do hereby authorize

Name of School: _____

Address: _____

to release all information including psychological, social services, medical, immunization card and educational reports and/or evaluations for the following student(s):

Child's Name

Grade

Mail records to : Iowa Great Lakes Lutheran School
1311 E. 18th St
Spencer, IA 51301

Signed _____

(Parent/Guardian)

)

Date: _____