



Trinity Lutheran Christian School & Early Learning Center

AUTHORIZATION TO RELEASE PUPIL RECORDS

1100 Philadelphia Road, Joppa, MD 21085

(P) 410 679-4000, Ext. 111

(F) 410-679-3472

www.tlsonline.org

Name of Student:

Student's Date of Birth:

Name and address **FROM** whom records are requested:

Trinity Lutheran Christian School & Early
Learning Center

Date Leaving Trinity:

Other

Name and address **TO** whom records are requested:

Trinity Lutheran Christian School & Early
Learning Center

Date Leaving Trinity:

Other

Description of records:

School and Health

Special Education

Confidential

Psychological

Other

I authorize the release of the records indicated above.

Signature of Parent/Guardian :

Date:

Authorization obtained by:

Signature:

Date: