



1100 Philadelphia Road, Joppa, JD 21085

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www.tlsonline.org

### AUTHORIZATION TO RELEASE PUPIL RECORDS

Name of Student: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

Name and Address of School the records are requested from:

Trinity Lutheran Christian School

Date Leaving Trinity: \_\_\_\_\_

Other

Name and Address where records should be sent:

Trinity Lutheran Christian School

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: \_\_\_\_\_