



1100 Philadelphia Road, Joppa, JD 21085

(P) 410-679-4000

(F) 410-679-3472

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:

Please send records to Trinity Lutheran Christian School:

Trinity Lutheran Christian School – Attention Admissions Department
1100 Philadelphia Road
Joppa, MD 21085
Email: admissions@tlsonline.org

Description of Records:

School and Health

Special Education

Confidential

Counseling Reports

Other (Specify) _____

Advanced Academics

I authorize the release of the records indicated above.

Signature of Parent/Guardian: _____ Date: _____

Authorization Obtained by:

Signature: _____ Date: _____