

## CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

Date:			
Student's Na	ame:		
Parent/Guar	dian Name:		
confidentialit records to thi confidentialit	, understand that ty of my student's education records and ard parties with prior written consent or ty, I consent for Trinity Lutheran Christi above-named student to:	I that Trinity Lutheran Christian School that Trinity Lutheran Christian School that Trinity Lutheran Christian School	ol (TLCS) may only release these ng to waive this right of
Name of ind	ividual or entity:		
Address:			
Phone:		Email:	
I agree to rele whatever kin- understand th I may revoke	Academic Attendance Discipline Health Records Medical Reports Counseling Reports Exceptionalities Records Other (specify)  pose of:  ease, indemnify, and hold harmless TLCd d which may result on account of TLCS nat this Consent for Release of Confident ethis consent at any time (except to the eng termination of consent.	Created between in the complex of the comp	ply, with this authorization. I furthe ar from the date it is signed and tha
Parent/Guard	ian signature	Ī	Date
Parent/Guard	ian address		
Parent/Guard	lian phone	Parent/Guardian email	
	Office/Finance Office: Il obligations have been satisfied and 1, 2021)	I records may be sent. YES 1	NO Initials