



Release of Information

Rockford Lutheran School
"Igniting Minds and Souls"

To: **School** (that student is transferring from) _____ **Date** _____

Address _____

City _____ **State** _____ **ZIP** _____

Phone _____ **Fax** _____

Dear Principal:

The following student, who currently or formerly attended your school, has applied for admission to Rockford Lutheran School.

Student's Name _____ Current Grade _____ Birth Date _____

Parent/Guardian Name _____ Relationship _____

Please forward a copy of all relevant school records, including the following:

1. **Transcripts**
2. **Test Records**
3. **Records of Conferences (Parent, Student, Teacher, Counselor, etc.)**
4. **Psychological Evaluations**
5. **Health Records**
6. **Discipline Records**
7. **Special Education Documents (IEP)**
8. **504 Plan**

Any additional information that might aid our professional staff in assisting this student to adjust to his/her new environment will be helpful. Please send as soon as possible.

Please return this form and requested documents directly to: Rockford Lutheran School
Attn: Admissions
3411 N. Alpine Road
Rockford, IL 61114

_____ hereby authorize _____
(parent / guardian, relationship) (current school)

to release all relevant school records, as listed above, pertaining to _____
(student's name)

to Rockford Lutheran School.

Parent/Guardian Signature _____ **Date** _____

Rockford Lutheran School • Phone: 815-877-9551 • Fax: 815-636-4429
www.rockfordlutheran.org