



Release of Information

Rockford Lutheran School
"Igniting Minds and Souls"

To: Current School _____ Date _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

Dear Principal:

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
9. Birth Certificate

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