

Dear School Administrator:

REQUEST FOR RECORDS RELEASE FORM

I have no greater joy than to hear my children are walking in the truth. 3 John 1:4

This form must be completed by the parent/guardian of the applicant. Please submit the completed form to the student's current school to request a release of transcripts and records which are part of the required application materials.

STUDENT'S NAME	has applied for admis	ssion to Crean Lutheran High School.
I,, request that		
 Copies of the student's transcripts and/or current p Copies of immunization records and verification Discipline Records Verification Form (attached) Copies of attendance records Copies of all standardized testing records Copies of Special Education file (if applicable) 	progress report card	Please email all records to: INT@creanlutheran.org
Thank you for gathering and sending these documents to Crean Lutheran High School, attention: International Office, as expediently as possible. These records are an important part of my child's admission packet for CLHS. Please do not forward CUM file at this time. I hereby give my permission to release my child's information to Crean Lutheran High School.		
PARENT/GUARDIAN NAME: SIG	GNATURE:	DATE:

Proclaiming Jesus Christ through Excellence in Education