



Authorization for Release of Information

Student Information:

Name: _____

Date of Birth: _____

Current Grade: _____

Previous School Information:

Name: _____

Address: _____

Phone: _____ Fax: _____

Permission is hereby given to St. Paul Lutheran School to receive information from you regarding the above-named student.

Reason for request: _____

Please forward the following information as soon as possible:

- Official administrative records; name, address, birth date, grade level
- Immunizations
- Attendance Records/Disciplinary Reports
- Grade K-8 - Current Report Card
- Unofficial transcript
- NYS Assessment and/or standardized test scores
- Psychological reports, if applicable
- Current IEP/504 Plan, if applicable

Parent/Guardian Signature: _____

Date: _____

School Official Signature: _____

Date: _____

Please forward records to:

St. Paul Lutheran School
158 East Avenue
Hilton, NY 14468
Telephone: 585-392-4000
Fax: 585-392-4001