



PARENT AUTHORIZATION FOR RELEASE OF RECORDS

School Name: _____

School Address: _____

The above named school, school system, agency, or individual is hereby authorized to release to the school or school system, agency, or individual named below the following portions (please check) of the school records of:

Name of Student(s) _____ Grade _____ Birthday _____
_____ Grade _____ Birthday _____
_____ Grade _____ Birthday _____

- _____ Official Administrative Record (name, address, birthdate, grade level completed, grades, class standing, attendance)
- _____ Standardized Group Achievement and Ability Test Scores
- _____ Individual Psychological, Personality and Interest Test Data (including School Psychologist's report, if applicable)
- _____ Teacher and Counselor Observations and Ratings
- _____ Record of Extracurricular Activities
- _____ Family Background Data
- _____ Medical and Health Records
- _____ Other: _____

Send Records/Reports to:

School Name: Messiah Lutheran School
School Address: 4401 West 215th Street
Fairview Park, Ohio 44126

Date

Signature of Parent or Guardian