



## Permission for Release of Student Records

Date: \_\_\_\_\_

\_\_\_\_\_  
(Full legal name of student) (Birth date) (Grade)

\_\_\_\_\_  
(School last attended)

\_\_\_\_\_  
(School Street Address)

\_\_\_\_\_  
(City, State, Zip Code)

I \_\_\_\_\_, hereby authorize the last school attended to release the following items of records regarding my child.

- 1.) All previous grades
- 2.) Test scores
- 3.) Psychological/IEP/Educational Evaluations
- 4.) Health record including immunizations and physical
- 5.) Withdrawal paper including all grades to date (numerical grade)
- 6.) Letter stating credits required for graduation
- 7.) Official Transcript
- 8.) Attendance Records

Please send to the attention of Mike Lenzlinger, Registrar at P.O. Box 42, Mercer Island, WA 98040.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
(Street Address, City, State, Zip Code)

\_\_\_\_\_  
(Telephone Number)