

STUDENT RECORD RELEASE



**IMMANUEL
LUTHERAN
SCHOOL**
PALATINE

I hereby authorize _____

School Name: _____

Address City State Zip

To release the following:

- Academic Records _____
- Health Records _____
- Psychological Referral _____
- 504/IEP Records _____
- Other _____

For (student): _____

Birthdate: _____

**TO: IMMANUEL LUTHERAN SCHOOL
200 N PLUM GROVE ROAD
PALATINE, IL 60067 | 847-359-1936**

Parent/Guardian Signature: _____

Date: _____

Reason for release: _____

