



# IMMANUEL LUTHERAN SCHOOL

## Student Record Release

I hereby authorize

\_\_\_\_\_ School Name

\_\_\_\_\_ Address

\_\_\_\_\_ City, State, Zip

to release the following as indicated:

**Academic Records** \_\_\_\_\_

**Health Records** \_\_\_\_\_

**Psychological Referral** \_\_\_\_\_

**504/IEP Records** \_\_\_\_\_

**Other** \_\_\_\_\_

for \_\_\_\_\_  
Student Birthdate

to: Immanuel Lutheran School  
200 North Plum Grove Road  
Palatine, IL 60067 847-359-1936

Reason for release:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date

