



AUTHORIZATION TO RELEASE STUDENT RECORD INFORMATION

Last Name First Name MI

Address

City State Zip Code

Grade & Year Last Attended

Release Information to:

Mr. Jeff Thorman, Principal
Zion Lutheran School
6121 E. Lovers Lane
Dallas, Texas 75214

Our Mission

Zion Lutheran School provides a quality Christian education.

Elementary and Middle School
Grades K-8

Early Childhood Program
Toddlers through Pre-School 4s

Jeff Thorman
M.Ed.
Principal

jthorman@ziondallas.org

I hereby authorize _____
(school name and address)

to release the information requested in Column A and approved by the undersigned in Column B to the above named school/individual. Thank you for your prompt attention and response to my request.

Parent's Signature _____ Date _____

Student's Signature *(optional)* _____

Accredited and Licensed
by National Lutheran
School Association-
TEPSAC and
Texas Department of
Family & Protective
Services

6121 E. Lovers Lane
Dallas, Texas 75214

Phone 214-363-1630
Fax 214-361-2049

www.ziondallas.org

Column A	Column B	Descriptions
<u>Records Requested</u>	<u>Records Released</u>	
_____	_____	Official School Transcripts
_____	_____	Official Administrative Record (name, address, birthdate, grade successfully completed, grades, class standing, attendance record)
_____	_____	Standardized Achievement Test Results
_____	_____	Intelligence and Aptitude Test Data
_____	_____	Health/Immunization Records (dental, if available)
_____	_____	Psychological Reports
_____	_____	Special Needs Staffing Reports
_____	_____	Individualized Education Program
_____	_____	Social Work Reports
_____	_____	Other: _____

Office Use Only:

Date Info sent: _____ By: _____