



Valley Lutheran High School • 5199 N 7th Avenue • Phoenix, AZ 85013
602-230-1600 • Fax: 602-230-1602

School Name: _____

Mailing address: _____

AUTHORIZATION FOR RELEASE OF OFFICIAL RECORDS

I, _____ hereby give permission to release official school records and transcripts, including:

- Please fax unofficial transcripts ASAP.
- Please mail official transcript
- Birth Certificate
- Disciplinary actions and administrative contacts.
- Results of any **STANDARDIZED TESTING**, psychological testing, and non-standard evaluations,
- Immunization Records

I authorize your staff to discuss these records with the admissions staff of Valley Lutheran High School.

Student Name _____ Date of Birth: _____

Parent Name: _____

Requested By: _____ Date: _____

Federal Law 99:31: No parent signature is required for educational records sent to another educational agency.