

**PARENTAL RELEASE FORM**

Student's Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

As the above named student's parent/guardian, I grant permission as follows:

\_\_\_ Release of All Student Records, including but not limited to:  
Cumulative-permanent record, special education records, grade reports, discipline records,  
health records, attendance records, test scores, copy of birth certificate, and a copy of  
athletic physical.

This information is to be released between:

School/Agency: \_\_\_\_\_ and St. Paul's Lutheran School  
Address: \_\_\_\_\_ and 1780 Career Center Road  
\_\_\_\_\_ Bourbonnais, IL 60914

\_\_\_ Review of my child's files by \_\_\_\_\_  
(Someone other than authorized personnel at St. Paul's Lutheran School)

I understand that this release of information is in effect one year from the date below, and that I may withdraw consent for this release at any time.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
St. Paul's Representative, Title

\_\_\_\_\_  
Date