



## REQUEST FOR SCHOOL RECORDS

*Please send this completed form to Advent Lutheran Elementary School.*

\_\_\_\_\_  
*Child's Name*

*Birthdate:* \_\_\_\_\_ *Sex:* \_\_\_\_\_ *Grade:* \_\_\_\_\_

1. The child named above has  
 applied for admission to  
 been accepted as a student at Advent Lutheran Elementary School.
2. Please send this child's cumulative school records including: **grades/evaluations, testing results, health/immunization records, and discipline records** to:

*Office of the Principal  
Advent Lutheran Elementary School  
2230 Rock Spring Road  
Forest Hill, Maryland 21050*

\_\_\_\_\_  
*Signature of Secretary / Principal's Stamp*

\_\_\_\_\_  
*Date*

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To:

\_\_\_\_\_  
*Name of Current School*

\_\_\_\_\_  
*Street Address, City, State, Zip Code*

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**PARENTAL AUTHORIZATION FOR RELEASE OF RECORDS**

"I hereby give authorization for the release of all pertinent records maintained for my child named above to ADVENT LUTHERAN ELEMENTARY SCHOOL."

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*