



## Request for Release of School Records

(For your use if needed in obtaining school records from the student's current school)

TO:

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

I authorize the release of my child's transcript, test scores and any related records, reports and evaluations, and request that they be included with my child's application to California Lutheran High School. I also ask that you release updated transcripts and test scores to California Lutheran High School as they may be requested.

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

### California Lutheran High School

31970 Central Avenue

P.O. Box 1570

Wildomar, California USA 92595

Phone: 951-678-7000 Fax: 951-678-0172