Authorization to Release Student Records

Parents/Guardians—please complete the form below and return it to the Christ Our Rock Lutheran High School. CORLHS will submit it to the applicant's current/previous school.

Applicant to Christ Our Rock Lutheran High School

_____	_____	_____
Student's full name	Birth date	Current grade level or last grade completed

AUTHORIZATION STATEMENT & SIGNATURE

I authorize _____ (name of school) to release the information specified below to Christ Our Rock Lutheran High School. I authorize administration/guidance personnel of the above listed school to discuss these records with administration/guidance personnel of CORLHS.

_____ _____

Signature of Parent or Guardian Date

To the School:

This child is an applicant for admission at Christ Our Rock Lutheran High School.

Please send the following information:

- ☐ Current transcript/report card
- ☐ Results of most recent standardized test scores
- ☐ Health record
- ☐ Discipline/behavioral record

If applicable . . .

- ☐ IEP
- ☐ Current or withdrawal grades
- ☐ Other records that would help us determine acceptance to CORLHS

Please fax records to (618) 226-3312 or mail sealed records to:

Christ Our Rock Lutheran High School
c/o admissions
9545 Shattuc Road
Centralia, IL 62801

We appreciate your help and assistance. Please do not send original documents. If you have any questions or comments, please direct them to the CORLHS Principal at (618) 226-3315.