

ST. JOHN'S LUTHERAN SCHOOL
Arnold, Missouri



RECORDS RELEASE FORM

TO: _____
(student's current school)

(school address)

(city, state, zip)

(school phone number)

(school fax number)

(school email)

STUDENT NAME: _____

STUDENT DOB: _____

I, the parent or legal guardian of the above-named student, hereby give permission for the school records, standardized test results, attendance records, health records, financial records, and any other pertinent information regarding this student to be forwarded to:

ST. JOHN'S LUTHERAN SCHOOL
3511 Jeffco Blvd
Arnold, MO 63010

Phone 636-464-7303
Fax 636-464-8424
Email school@sjlarnold.org

Parent or Guardian Name

Parent or Guardian Signature

Relationship to Student