



Transfer of Records Request

715 W. Southern Ave.
Tempe, AZ 85282
480-967-3991

Parents,

Please send this completed form to the school that your child is currently attending or most recently attended to request that transcripts and other records be sent to Emmanuel Lutheran School.

Student's Full Name: _____

Date of Birth: _____ Grade in 20 ____
Month Day Year

Last School Attended _____

School Address _____
Street City State Zip Code

The above-mentioned school has my permission to release the grades, test scores and other related information of the above-named student to **Emmanuel Lutheran School, 715 W. Southern Ave., Tempe, AZ 85282.**

I also give permission to release any test results and other related information regarding psychological reports, immunization, vision, speech, and hearing test results to Emmanuel Lutheran School.

This release is in accordance with the provisions of the Family Education Rights and Privacy Act of 1974.

Parent/Guardian Signature: _____

Please print full name: _____

Thank you for your prompt attention.