

Records Release

Dear Parents,

In order for us to gain a better understanding of your child's record of achievement and potential, we need your permission to request records from your child's current school. Please complete the information below, which will authorize release of all of your child's records to Long Island Lutheran. After you complete this form, return it along with your completed Admissions Application and the \$100 application and testing fee to our Admissions Office.

Thank you.

My Child's Current School and Address (Please print)

School Name _____

Address _____

Dear Principal or Head,

As parent/guardian of _____, currently in grade _____, I authorize you
Please print

to release all appropriate information concerning his/her academic, personal, and medical records to Long Island Lutheran Middle & High School. I understand this information will be used in connection to Long Island Lutheran and will be held in strict confidence.

Parent/Guardian's Signature

Date

Please send all records to:

Director of Admissions
Long Island Lutheran Middle & High School
131 Brookville Road
Brookville, New York 11545

Long Island Lutheran Middle & High School

131 Brookville Road, Brookville NY 11545-3399 Phone (516) 626-1700 Fax (516) 622-7459 www.luhi.org