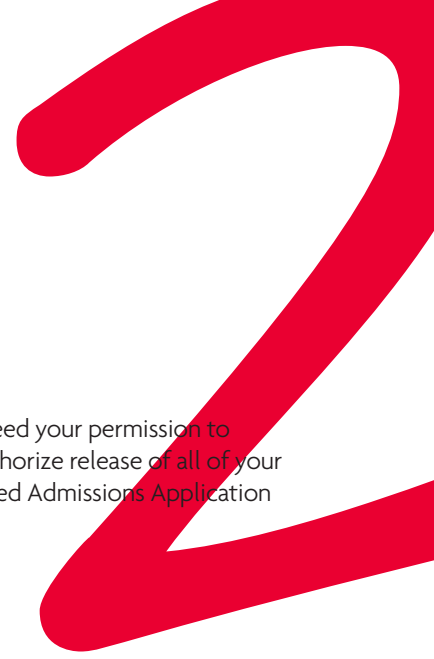


# Records Release



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.

## Current School and Address (Please Print)

School Name \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ Zip \_\_\_\_\_

Dear Principal or Head,

As parent/guardian of \_\_\_\_\_, currently in grade \_\_\_\_\_, I authorize you to release all appropriate information concerning his/her academic, personal, and medical records to Long Island Lutheran Middle & High School.

Please Print

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](http://www.luhi.org)