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A Quality Christ Centered Education

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 Cleveland, Ohio 44119
 (216) 531-8204
 Mr. Gregory M. Kita, Principal

AUTHORIZATION TO RELEASE RECORDS

TO: SCHOOL _____

Address _____

City _____ State _____ Zip Code _____

RE: _____

Student's last name First Middle

Entering grade _____

The student named above has applied to enter

ST. JOHN NOTTINGHAM LUTHERAN SCHOOL

I, the parent/guardian of _____ do hereby authorize the release of my child's records. These records are to include an **official transcript (including current year grades), standardized test scores and school medical records.**

I understand that this information will be treated in a confidential manner and will not be transmitted to a third party without my written consent.

 Parent/Guardian Signature

 Date