



## **AUTHORIZATION TO RELEASE RECORDS**

TO: SCHOOL \_\_\_\_\_

(Current School Attending)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

RE: \_\_\_\_\_

Student's Last Name

First Name

Middle Initial

Entering grade \_\_\_\_\_

The student named above has applied to enter

St. John Nottingham Lutheran School, Cleveland

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, school medical records, attendance and behavioral records.

Email records to: [schooloffice@stjohnnottingham.org](mailto:schooloffice@stjohnnottingham.org)

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.

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Parent/Guardian Signature

Date

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**Church**

17403 Nottingham Road

Cleveland, OH 44119

T: 216.531.1156

E: churchoffice@stjohnnottingham.org

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**School**

1027 East 176<sup>th</sup> Street

Cleveland, OH 44119

T: 216.531.8204

E: schooloffice@stjohnnottingham.org