



Release of Records and Information

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TrinityPortland.org • 5520 NE Killingsworth • Portland, Oregon 97218

TRINITY LUTHERAN SCHOOL
RELEASE OF RECORDS AND INFORMATION
Preschool and Elementary School

Student's name: _____

School name: _____

The above named student has applied for admission to Trinity Lutheran School, Portland, Oregon.

Please forward a copy of this student's academic information, standardized test scores, behavioral records, and four quarters of transcript records to school office.

The student's parent/guardian signature appears below, authorizing transfer of these records.

Please mail these records to: Admissions Office
 Trinity Lutheran School
 5520 NE Killingsworth
 Portland, OR 97218

Thank you in advance for your assistance in this matter.

Sincerely,

_____ Date _____
Admin. Assistant

In accordance with Oregon Revised Statutes 336.185 to 336.215 and the "Family Educational Rights and Privacy Act of 1974" passed by the Congress on August 21, 1974, school personnel are required to have written permission to transfer academic information and/or recommend students to prospective schools.

I hereby grant my permission for you to release copies of all school records and to provide verbal information to Trinity Lutheran School Admission Department.

_____ Date _____
Parent or guardian signature