



Release of Records and Information

503.288.6403 • office@TrinityPortland.org • fax 503.288.1095  
TrinityPortland.org • 5520 NE Killingsworth • Portland, Oregon 97218

**TRINITY LUTHERAN CHRISTIAN SCHOOL**  
**RELEASE OF RECORDS AND INFORMATION**  
Kindergarten through Eighth Grade

Student's name: \_\_\_\_\_ DOB: \_\_\_\_\_

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  
   Office2@trinityportland.org

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