



ST. PAUL LUTHERAN SCHOOL

*Equipping Children for **LIFE***

**PERMISSION TO RELEASE CONFIDENTIAL
INFORMATION.**

I hereby give permission for the following records of:

Child's Name: _____ Grade: _____

Date of Birth: _____

To be released from: _____
(Previous School)

To Be Sent To: St. Paul Lutheran School Phone: 248-546-6555
508 Williams Street Fax: 248-546-8096
Royal Oak, MI 48067 Email: strepanier@stpaulroyaloak.org

Check appropriate records: Medical and Health
 Psychological
 Social Work
 Academic
 Special Class

Signature of Parent or Guardian: _____

Date: _____

"Equip, Support, Serve, Witness Where God Calls Us"