



### **PARENTAL RECORD RELEASE FORM**

I hereby grant permission to Peace Lutheran School to obtain all school records of my child/children named below. I understand that I will have the opportunity to review the records after they arrive, if I wish.

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of previous school: \_\_\_\_\_

Address of school: \_\_\_\_\_

**PLEASE SEND RECORDS TO: PEACE LUTHERAN SCHOOL, 6580 24 MILE ROAD, SHELBY TWP., MI 48316**

If the following records listed below apply to you, please mark any additional confidential records to be requested for this student(s):

Name of student(s) \_\_\_\_\_

- |  |   |  |                                |
|--|---|--|--------------------------------|
| <input type="checkbox"/> Psychological     | <input type="checkbox"/> Medical              | <input type="checkbox"/> Physical Therapy          | <input type="checkbox"/> Other |
| <input type="checkbox"/> Psychiatric       | <input type="checkbox"/> Learning Consultant  | <input type="checkbox"/> IEPC/IEP                  |                                |
| <input type="checkbox"/> Social Work       | <input type="checkbox"/> Educational Reports  | <input type="checkbox"/> Disciplinary Records      |                                |
| <input type="checkbox"/> Speech & Language | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Past/Current Report Cards |                                |

**Note: Confidential records marked above should be sent to**

**Peace Lutheran Church & School**  
Attn: Special Education Services  
6580 24 Mile Rd  
Shelby Twp, MI 48316  
(586) 731-4120