



Grace Lutheran School
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Key West, FL 33040
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RELEASE OF RECORDS

Date: _____ Previous School: _____
Previous School Address: _____
Previous School Phone Number: _____

The student(s) below have applied to Grace Lutheran School.

Student Name: _____ Grade: _____ DOB _____

Please fax/email the records that are checked below to the above address or phone number:

- | | |
|---|--|
| <input type="checkbox"/> Copy of Birth Certificate | <input type="checkbox"/> Report Card at time of withdrawal, including Attendance Records |
| <input type="checkbox"/> Copy of Social Security Card | <input type="checkbox"/> Test Scores (State Stanford, SART) |
| <input type="checkbox"/> Immunization Records | <input type="checkbox"/> Special Education Records (IEP) |
| <input type="checkbox"/> Entry Level Health Exams | <input type="checkbox"/> Intellectual/Psychological Evaluations |

Any information you can give us to help in proper placement will be appreciated. If these records are not available at your school, please advise accordingly. Thank you for your cooperation. These records will be for the professional use of Authorized Monroe County/Grace Lutheran School personnel only.

Remember, parent permission is no longer required when records are requested by authorized Monroe County School/Grace Lutheran School personnel. (Family Education Rights and Privacy Act. Final Rule on Education Records, Federal Register, June 17, 1976, Vol. 41, No 118, Page 242763.)

Parent or Legal Guardian Signature: _____

Authorized School Personnel: _____