



St. Luke's Lutheran School Transcript/Release Request

AUTHORIZATION OF RELEASE OF EDUCATIONAL RECORDS TO ST. LUKE'S LUTHERAN SCHOOL

In accordance with regulations regarding the privacy rights of parents and students, the undersigned hereby consents to the immediate release to St. Luke's Lutheran School of all educational records, including official transcripts, current course grades, test profiles/educational evaluations, and health records.

Student _____ Current Grade _____

Address _____

City _____ State _____ Zip Code _____ Phone _____

Signature of Parent/Legal Guardian _____ Date _____

TO PRINCIPAL/GUIDANCE COUNSELOR/REGISTRAR:

The above named student has applied for admission to St. Luke's Lutheran School. We would appreciate your prompt attention in sending the following information:

- An official transcript of the student's academic record to date, including grades for courses in progress, and an explanation of your grading scale.
- A copy of the student's complete test profile
- All educational/psychological evaluations or diagnostic evaluations
- Immunization records and birth certificate

AN OFFICIAL TRANSCRIPT MUST FOLLOW FAXED COPIES

**St. Luke's Lutheran School
Office of Admission
1200 Old Rixeyville Road, Culpeper, VA 22701
(540) 825-8890 FAX (540) 825-4471**