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# Authorization to Release Student Records

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*Parents/Guardians—please complete the form below and return it to the Christ Our Rock Lutheran High School. CORLHS will submit it to the applicant's current/previous school.*

## Applicant to Christ Our Rock Lutheran High School

\_\_\_\_\_  
Student's full name

\_\_\_\_\_  
Birth date

\_\_\_\_\_  
Current grade level or  
last grade completed

### AUTHORIZATION STATEMENT & SIGNATURE

I authorize \_\_\_\_\_ (name of school) to release the information specified below to Christ Our Rock Lutheran High School. I authorize administration/guidance personnel of the above listed school to discuss these records with administration/guidance personnel of CORLHS.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

### To the School:

This child is an applicant for admission at Christ Our Rock Lutheran High School.

#### Please send the following information:

- Current transcript/report card
  - Results of most recent standardized test scores
  - Health record
  - Discipline/behavioral record
- If applicable . . .
- IEP
  - Current or withdrawal grades
  - Other records that would help us determine acceptance to CORLHS

Please fax records to (618) 226-3312 or mail sealed records to:

Christ Our Rock Lutheran High School  
c/o admissions  
9545 Shattuc Road  
Centralia, IL 62801

We appreciate your help and assistance. Please do not send original documents. If you have any questions or comments, please direct them to the CORLHS Principal at (618) 226-3315.

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