



**AUTHORIZATION TO RELEASE INFORMATION**  
**Give this form directly to your CURRENT SCHOOL.**

Student's Legal Name: \_\_\_\_\_  
Last First Middle

Grade Applying for: \_\_\_\_\_ For the academic \_\_\_\_\_ Fall (yr.) \_\_\_\_\_ Spring (yr.)

**Directions**

**To the Parent:** Please fill in all the information requested for your student. Give this form to the school Registrar at the current school to have his/her records forwarded to Lutheran High North.

**To the Registrar:** The student name above is seeking admission to Lutheran High North. Please forward all records (including transcript, standardized test scores, and medical records) to the Lutheran High North Office of Admissions. We appreciate your effort on behalf of this student and we thank you for providing us with the needed credentials.

- A copy of the applicant's complete Immunization Records
- A copy of the applicant's Birth Certificate
- A copy of the applicant's most recent Report Card from the present school
- A copy of the applicant's most recent Standardized Test results
- A copy of the applicant's Unofficial Transcript
- A copy of any Specialized Testing the applicant may have taken

Authorization is hereby granted to: \_\_\_\_\_  
Name of your student's present school

to release information from the file of my student. Please forward to the Lutheran High North Office of Admissions.

\_\_\_\_\_  
Authorized Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Mailing address:**

1130 West 34th Street Houston, TX 77018

**Email:**

kendra.benson@lhnlions.org

**Fax:**

713-880-5447