



RELEASE OF RECORDS TO NORTHDALE LUTHERAN SCHOOL

I HEREBY GIVE MY PERMISSION FOR THE RELEASE TO NORTHDALE LUTHERAN SCHOOL ANY MEDICAL, PSYCHOLOGICAL, SOCIAL, OR EDUCATIONAL INFORMATION, INCLUDING INFORMATION FROM OTHER AGENCIES OR SOURCES ON

STUDENT NAME

DATE OF BIRTH

NAME AND ADDRESS OF PREVIOUS SCHOOL

SCHOOL NAME

STREET ADDRESS

CITY

STATE

ZIP

PLEASE SEND ALL RECORDS TO

**NORTHDALE LUTHERAN SCHOOL
15709 MAPLEDALE BLVD.
TAMPA, FL 33624**

PARENT NAME

DATE

PARENT SIGNATURE

COMMENTS: