



The Lutheran High School *of* Kansas City

Authorization to Release Student Record

Name of Student: _____

Date of Birth: _____ Grade: _____

SCHOOL FROM WHOM RECORDS ARE BEING REQUESTED:

School: _____

Street: _____

City: _____ State: _____ Zip: _____

SCHOOL TO WHOM RECORDS ARE TO BE SENT:

Lutheran High School
12411 Wornall Road
Kansas City, MO 64145

RECORDS REQUESTED:

- School Cumulative records
- Health Records including Immunizations
- Current Report Card and/or Withdrawal Grades
- Standardized Test Results
- Discipline and Attendance Records
- Verification student has passed the U.S. Constitution Test and/or the Missouri Constitution Test

Other _____

Records requested by: The Lutheran High School of Kansas City

Date: _____