



Authorization to Release Student Record Information to Trinity Lutheran School of Freistadt

Student's Name: _____

Previous School: _____

Parent's Name: _____

Parent's Signature: _____

Date: _____

I hereby authorize the release of my child's cumulative records, including health, psychological, social, and academic records, to Trinity Lutheran School of Freistadt. Please forward copies of all report cards, standardized testing and other information regarding the student named above to:

Trinity Lutheran School of Freistadt
10729 W. Freistadt Road
Mequon, WI 53097

A Passion for Learning. A Heart for Christ.

10729 West Freistadt Road – Mequon, WI 53097-2503

PHONE: (262) 242-2045 | FAX: (262) 242-4407 | trinity@trinityfreistadt.com |

www.trinityfreistadt.com