

REQUEST FOR RECORDS



1207 North Broadway
Knoxville, TN 37917
Phone: (865) 524-0308
Fax: (865) 524-5636

TO: _____

FAX: _____

The student named below is registered to attend First Lutheran School. Please send/release all transcripts, health records, conference reports, test data, psychological records, discipline records, special education records, and all other pertinent school records.

Thank you for your cooperation in this matter.

Student name: _____

Date of Birth: _____ Grade: _____

Parent/Guardian Signature _____