

**TRINITY LUTHERAN SCHOOL**  
**613 Court Street**  
**St. Joseph, Michigan 49085**

***REQUEST FOR RECORDS***

Date: \_\_\_\_\_

I hereby request that \_\_\_\_\_  
*Name of Last School Attended*

Address of last school attended: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City* *State* *Zip Code*

release to Trinity Lutheran School, all records including grades, health records, test records, special education records, and any other pertinent information of:

\_\_\_\_\_  
*Student's Name*

\_\_\_\_\_  
*Student's Date of Birth*

\_\_\_\_\_  
*Last Grade Completed by this Student*

Former address for this student was:

\_\_\_\_\_  
*Street Address* *City* *State* *Zip Code*

**Please send all records to:** **Trinity Lutheran School**  
**613 Court Street**  
**St. Joseph, Michigan 49085**

\_\_\_\_\_  
Authorized Signature of Requesting Agency

According to the Final Regulations - Family Educational Rights and Privacy Acts (Buckley Amendment), it is no longer necessary to obtain written consent to release records. This information can be found in the Federal Register, Vol. 41, No. 118, dated June 17, 1976.