

**ST. PAUL LUTHERAN SCHOOL
508 WILLIAMS STREET
ROYAL OAK, MICHIGAN 48067
(248)546-6555**

**PERMISSION TO RELEASE CONFIDENTIAL
INFORMATION.**

I hereby give permission for the following records of:

Child's Name: _____ **Grade:** _____

Date of Birth: _____

To be released from: _____
(Previous School) _____

**To Be Sent To: St. Paul Lutheran School
508 Williams Street
Royal Oak, MI 48067**

Check appropriate records: ___ **Medical and Health**
___ **Psychological**
___ **Social Work**
___ **Academic**
___ **Special Class**

Signature of Parent or Guardian: _____
Date: _____