



Request for Student Records

Student Name

Birth Date

Grade

Student Name

Birth Date

Grade

Student Name

Birth Date

Grade

The above named student(s) has/have enrolled in St. John's Lutheran School.

Please forward the following:

- Academic Records
- Immunization Records
- Attendance Records
- Discipline Records

To: St. John's Lutheran School
Sara Ness
700 S Franklin St
Denver, CO 80209
Phone (303) 733-3777 ext 119 Fax (303) 778-6070
Email: sara.ness@sjdenver.org

Please send the educational records of the above names student(s) to be released, upon request, from:

School _____

School Address _____

Phone _____ Fax _____

Signature of St. John's Representative

Signature of Parent/Guardian

Date _____

Date _____

Parental permission is no longer required when records are requested by authorized school personnel (Family Education Rights and privacy Act, Final Rule on Educational Records, Federal Register, June 17,1976, Vol. 41, No. 118, Page 24673.)