



RECORDS RELEASE

Grades K-5

2720 32nd Avenue South
Fargo, North Dakota 58103
701.893.3073
FAX 701.893.3076
www.oakgrovelutheran.com

PARENTAL PERMISSION FOR RELEASE OF STUDENT RECORDS

TO THE PARENT/GUARDIAN:

Please complete this form and return it to Oak Grove Admissions.

The Admissions Office will send the Records Release form to your child's current school once they have been accepted.

Student Name _____ Current Grade _____

Birthdate _____

Current School _____

Principal, Director or Guidance Counselor _____

School Address _____

Street

City

State

ZIP

School Phone _____ School FAX _____

I/We give permission for the release of my child's records to Oak Grove Lutheran School. I release the school and every person from any and all liability resulting from or pertaining to the furnishing of records, documents and other information provided to Oak Grove. I understand that the information will become the confidential property of Oak Grove Lutheran School.

Signature of Parent or Guardian

Date

TO THE SCHOOL PRINCIPAL, DIRECTOR OR GUIDANCE COUNSELOR:

The above named student has applied and been accepted for admission to Oak Grove Lutheran School. Please send the student's entire school record, to the address listed below. Thank you very much.

Registrar
Oak Grove Lutheran School
2720 32nd Avenue South
Fargo, North Dakota 58103