

NORTHLAND LUTHERAN HIGH SCHOOL

REQUEST FOR RELEASE OF SCHOOL RECORDS

To: _____
(school official's name)

(school)

Name of Student _____ Grade _____

I authorize the release of my child's transcript, test scores and any related records, reports and evaluations, and request that they be included with my child's application to Northland Lutheran High School. I also ask that you release updated transcripts and test scores to Northland Lutheran High School as they may be requested.

Parent or Guardian's Signature _____ Date _____

For questions please contact:

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|--------------------------------|------------------------|
| International Admissions | |
| Northland Lutheran High School | 715.359.3400 (phone) |
| 2107 Tower Rd. | 715.241.9203 (fax) |
| Kronenwetter, WI 54455 USA | international@nlhs.org |