

Our Savior Lutheran School
825 S. Taylor Street
Arlington, VA 22204
703-892-4846
703-892-4847 (fax)
www.osva.org
email: osloffice@verizon.net

Request for Student Permanent Record and Health File

Name and **complete** address of last school attended:

Dear Administrator:

Please forward the scholastic and health records for the following students/students transferring from your school.

Child's Name

Grade

In compliance with Section 438 of the "Family Educational Rights and Privacy Act of 1974" the required authorization for release of records is provided below

I, _____, parent, guardian, or legal protector request that the records of my child/children, as listed above, be sent to Our Savior Lutheran School.

Date: _____

Name (printed): _____

(Signed): _____

Address: _____

