



## Student Record Release Form

**Student Name:** \_\_\_\_\_

has enrolled in the \_\_\_\_\_ grade at Immanuel Lutheran School.

### Authorization

**As parent or legal guardian for the above-named student, I hereby authorize the release of all school records to Immanuel Lutheran School, and request that they be sent to:**

**Immanuel Lutheran School  
8220 E. Holland Rd.  
Saginaw, MI 48601**

**From:**

**Name of School:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Immanuel Lutheran Church & School  
8220 E. Holland Rd., Saginaw, MI 48601**

School & Church: 989.754.4285

Fax: 989.754.0454

Website: [www.frankentrost.org](http://www.frankentrost.org)

School Email: [school@frankentrost.org](mailto:school@frankentrost.org)

Finance Office: [financeoffice@frankentrost.org](mailto:financeoffice@frankentrost.org)