St. John's Lutheran Church and School
18100 Wentworth Ave.
Lansing, IL 60438
Phone: 708-895-9280
Fax: 708-895-9303
StJohnsLansing@comcast.net
www.stjlansing.org

REQUEST FOR RECORDS

Attention: School Registrar

School Name: _____

Address: _____

_____

_____

Phone: _____

_____	_____	_____
Student's Name	**Birth Date**	**Year last attended**
_____	_____	_____
Student's Name	**Birth Date**	**Year last attended**

The above student has attended St. John's Lutheran School. I am requesting student records be sent to the above named educational facility. Please send all his/her pertinent school records, including:

- Transcripts
- Report Cards
- Standardized reports
- Discipline reports
- Medical records including immunization
- Any pertinent psychological testing
- Any special education/special needs reports
- Birth certificate

I give St. John's Lutheran my permission for the release of ALL records of my child, named above.

_____ _____
Parent/Guardian Signature **Date**

I prefer to pick up records ◯ **Records received by:** _____ **Date:** _____

Rev. Dr. John Richy, Pastor

Educating for Eternity