



Pilgrim Lutheran Church and School

3257 E. University Drive

Mesa, Arizona 85213

480-830-1724

Fax: 480-807-2921

2018-2019  
Student Records Release

To: \_\_\_\_\_

*(Name of Last School Attended)*

\_\_\_\_\_  
*(Address)*

\_\_\_\_\_  
*(City, State, and Zip Code)*

I hereby give my permission for the release to Pilgrim Lutheran School of any medical, psychological, social or educational information, including any information from other agencies and/or sources on my child listed below. I also understand that this information will be used in the best interest of my child, with due respect

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

Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Name (Please Print )

\_\_\_\_\_  
Date