



ZION LUTHERAN SCHOOL

1810 McClintock Ave.
Belleville, IL 62221
zionschoolbelleville.org
(618) 234-0275 - Fax: (618) 233-2972
Mrs. Ananda Baron, Principal



STUDENT RECORDS RELEASE FORM PERMISSION OF RELEASE OF STUDENT RECORDS

I hereby authorize the below school to release records, including academic and medical, evaluations, psychological evaluations, neurological evaluations, and any other pertinent information concerning my child to Zion Lutheran School Belleville.

Child's Name: _____

Child's Address: _____

Current Grade: _____

Date of Birth _____

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School Name: _____

School Address: _____

School Phone: _____

School Fax: _____

It is understood that the privileged and confidential nature of such records will be preserved.

Date Signature of Parent/Guardian