



Ephesians 6:12

TRINITY-ST. JOHN LUTHERAN SCHOOL

680 W. WALNUT STREET • NASHVILLE, IL 62263-1158

618-327-8561

AUTHORIZATION FOR RELEASE OF INFORMATION

I, the undersigned, do hereby authorize

School: _____

Address: _____

City: _____ State _____ ZIP _____

to release medical, psychological, scholastic, or any other pertinent information regarding my child/children to:

Trinity - St. John Lutheran School
680 West Walnut St.
Nashville, IL 62263-1158

Name of child _____ Birthdate _____

Name of child _____ Birthdate _____

Name of child _____ Birthdate _____

Name of child _____ Birthdate _____

Name of child _____ Birthdate _____

Signed _____
Parent or Guardian

Date _____