



Hillcrest Lutheran Academy

610 Hillcrest Drive
Fergus Falls, MN 56537

Main Office: 218-739-3371 Fax: 218-739-3372

AUTHORIZATION FOR THE RELEASE OF INFORMATION AND RECORDS

Student Name _____ DOB _____ Grade _____

Parent Name(s) _____

Address: _____ Phone: _____

<p>To Receive Information from: _____ To Exchange Information with: _____ (Please check above.)</p>

Hillcrest Lutheran Academy
Organization Requesting Information

610 Hillcrest Drive, Fergus Falls, MN 56537
Address

(Name of individual making the request and Title)

Organization Providing Information

Address

(Name of individual providing information and Title)

Phone _____ Fax: _____

Address

Please check all that apply

<input type="checkbox"/> Health/Vaccination Record
<input type="checkbox"/> Academic Records
<input type="checkbox"/> Attendance
<input type="checkbox"/> Discipline
<input type="checkbox"/> Transcript
<input type="checkbox"/> Psychological & Mental Health Reports
<input type="checkbox"/> Psychiatrist/Medical Reports
<input type="checkbox"/> Chemical/Substance Use Reports
<input type="checkbox"/> Social Services Reports
<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____

This Release of Information is in effect for one year from today's date unless noted here. _____
Expiration Date

Parent Signature: _____ Date: _____

Student Signature: _____
Date: _____