



Authorization for Release of Student Information

Please complete this form and upload to TADS or submit to GPLHS at the address below.

Current Principal

Current School

Current School's Address

Current School's City, State, Zip

Current School's Email and/or Fax Number

In accordance with the Family Educational Rights and Privacy Act of 1974, as amended, enacted as Section 438 of the General Education Provisions Act, in effect April 11, 1988, I hereby give permission for the release of any and all confidential information, to include:

- Transcript of Grades
- Grades at Time of Withdrawal
- Standardized Test Scores
- Health and Medical Records (including immunizations)
- Special Education Records (such as current IEP, education multi-disciplinary evaluation, psychological evaluations, socio/developmental reports, treatment records)
- Attendance Records
- Disciplinary Records
- Student ID# (if applicable)

Student Name

Birth Date

Grade

Authorized Signature or Parent/Guardian/Self

Date

This form to be completed by parent/guardian and uploaded to TADS or submitted to:

Mail: Great Plains Lutheran High School
1200 Luther Lane NE
Watertown, SD 57201-8200

Email: gplhs@gplhs.org
FAX: 605-882-9089