Lighthouse Church School

1220 20th Street, Santa Monica, CA 90404
Phone 310.829.1741
Fax 310.829.1743

Parent Authorization for Release of School Records

To: _____
(Name of former school)

Address: _____

City: _____ State _____ Zip _____

School Phone Number ( ) _____

In accordance with the Family Educational Rights and Privacy Act of 1974 and California State Law, I hereby authorize the release of all school grades, health records, achievement test scores, and any other pertinent information such as special testing regarding the student named below.

Name: _____ Date of Birth: ___/___/___

Date last attended: _____ Grade level: _____

(X) _____ _____
Signature of Parent or Legal Guardian Date Signed

(X) _____ _____
Signature of Parent or Legal Guardian Date Signed

(X) _____ _____
Signature of School Official Date Signed

Please send records to: **The Lighthouse Church School**
1220 20th Street
Santa Monica, CA 90404
Attn: Willette Lever