

REDEEMER LUTHERAN CHURCH & SCHOOL

**700 Idaho Ave
Verona, PA 15147
Gail Holzer, Principal
412-793-5884
Fax: 412-793-1890
School to School**

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize

**Gail Holzer, Principal
Redeemer Lutheran School
700 Idaho Ave
Verona, Pa 15147**

to release information to _____ **Name of School**

_____ **Address**

in regard to _____
Name of Student **date of birth**

Information to be forwarded includes:

Health – Immunizations – etc.

Academic

Psychological

All Available Records

**THIS INFORMATION IS TO BE USED FOR PROFESSIONAL PURPOSES
ONLY AND SHOULD BE HELD STRICTLY CONFIDENTIAL.**

Signature of Parent or Guardian

Date