



Christ Lutheran School

Consent to Transfer Records

I hereby give my consent for _____
(Former School's Name)

to release to Christ Lutheran School all school records (CA60) this is to include
academic, medical, physical, psychiatric and/or neurological information

of _____ to be mailed to the following address.
(Student's Name)

Christ Lutheran School
Attn: Mrs. Amy Cole
4333 Cleveland Ave.
Stevensville, MI 49127

(Parent or Guardian)

(Date)

Phone (269) 429-7111
Fax (269) 429-3788