Authorization to Release Student Information

Parents/Guardians—please complete the form below and return it to Metro-East Lutheran High School. MELHS will submit it to the appropriate resource.

Applicant to Metro-East Lutheran High School		
Student's full name	Birth date	Grade level or last grade completed
AUTHORIZATION STATEMENT &	SIGNATURE	
I authorizean High School. I authorize administration these records and all information pertaining MELHS.	/guidance personnel of th	
Signature of Parent or Guardian		Date
Please send the following information of Current transcript/report card of Results of most recent standardized of Health record of Discipline/behavioral record of If applicable	ed test scores aken determine acceptance to M	
PhoneBest time to contact		
Please fax records to (618) 656-3315 or mail	sealed records to: Metro-East Lutheran Hig c/o Principal 6305 Center Grove Rd Edwardsville, IL 62025	h School

We appreciate your help and assistance. Please do not send original documents. If you have any questions or comments, please direct them to the MELHS Principal at (618) 656-0043.

