

**DENVER  
LUTHERAN  
High School**

NURTURING ACADEMIC EXCELLENCE  
ENCOURAGING GROWTH IN CHRIST

**OFFICIAL RELEASE OF CONFIDENTIAL INFORMATION**  
*(Please print or type all information)*

**2010-2011**

Parents, please complete the information requested below. In order for your child to be accepted we will need the requested information.

Student's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Student's Present School:

\_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Phone \_\_\_\_\_ FAX # of School Records Department \_\_\_\_\_

I hereby authorize the school listed above to release my student's transcript of grades, discipline records, standardized or special testing results and individual educational program results to:

**Denver Lutheran High School**

3201 W. Arizona Ave. Denver, CO 80219

Phone: 303-934-2345 Fax: 303-934-0455

A MINISTRY OF THE COLORADO LUTHERAN HIGH SCHOOL ASSOCIATION

My signature authorizes release of all such information as specified above. I understand that this material will be treated in a confidential manner and will be used for the purpose of possible admission to Denver Lutheran High School.

**Parent Name (please print)** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_