

Our Savior Lutheran School  
825 S. Taylor Street  
Arlington, VA 22204  
703-892-4846  
703-892-4847 (fax)  
www.osva.org  
email: osloffice@verizon.net

Request for Student Permanent Record and Health File

Name and **complete** address of last school attended:

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Dear Administrator:

Please forward the scholastic and health records for the following students/students transferring from your school.

Child's Name	Grade
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In compliance with Section 438 of the "Family Educational Rights and Privacy Act of 1974" the required authorization for release of records is provided below

I, \_\_\_\_\_, parent, guardian, or legal protector request that the records of my child/children, as listed above, be sent to Our Savior Lutheran School.

Date: \_\_\_\_\_

Name (printed): \_\_\_\_\_

(Signed): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_