

Trinity Lutheran Grade School – Waco, NE



Transcript Release

Student(s) Name _____

I hereby grant full permission to release and provide all information in the records of the above named student(s).

1. Standardized Test Scores
2. Transcripts of Grades
3. Health Records
4. Psychological Data
5. Recommendations
6. Birth Certificate

Send to: Trinity Lutheran Grade School
401 Norval St.
Waco, NE 68460

Parent/Guardian Signature _____ Date _____