

## Zion Lutheran School and Preschool

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## **RELEASE OF INFORMATION FORM**

This is to authoriz	ze		(school)
Address:			
City:	State:	Zip Code:	
	tion and all records: ince following student:	cluding the schola	stic, medical, and psychological
Name:		Grade:	
		-	······
***************************************			
To be sent to:	4550 Mount Rushr	nore Road	
	Rapid City, SD 57	701	•
SIGNED:		(par	ent or guardian)
DATE:			