

Request for Student Records

Date: _____

Previous School Name/Address: _____

School Phone: _____ School Fax: _____

Please forward the following information to West Lutheran High School:

- Transcript of credits and grades/all academic records
- Health Records
- Psychological Reports
- Special Education Reports
- Immunization Records
- Other pertinent information

The following student(s) has/have registered at West Lutheran High School:

Name _____ DOB ____/____/____ Entering grade _____

Name _____ DOB ____/____/____ Entering grade _____

Name _____ DOB ____/____/____ Entering grade _____

Please send the above requested information to: West Lutheran High School
Lorraine Gerdes, Registrar
3350 Harbor Lane N
Plymouth MN 55447
Phone: 763-509-9378; Fax: 763-509-0861

Parent or Guardian Signature

Date