

Lawton Christian Elementary School

2 NW Crusader Dr.

Lawton, OK 73505

580-536-9810

Fax: 580-536-2526

PARENTAL AUTHORIZATION FOR PERMISSION OF ACCESS

I hereby request _____
Name of last school attended

Street Address City State Zip Code

To release and send the records of _____
Student's Name

Previous Address

Birthdate Grade placement Year

**Send records to: Lawton Christian Elementary School
2 NW Crusader Dr.
Lawton, OK 73505**

Records to be released:
____ Scholastic Record
____ Medical Record
____ Immunization Record
____ Psychological Evaluation
____ Others _____

Reason for release: _____

Parent's signature: _____ Date: _____

Address: _____
