



Los Angeles Lutheran Jr./Sr. High School  
13570 Eldridge Avenue, Sylmar, California 91342  
818 362-5861  
Web site: [www.lalhs.org](http://www.lalhs.org)

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## Request for Transcript

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**Parents:** Please take this form to the school your student is currently attending. **Do not return it to LALHS.**

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### The Records Office of:

Name of the school your student is currently attending:

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

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Regarding:

\_\_\_\_\_  
(full name of applicant)

\_\_\_\_\_  
(Date of Birth)

I, the undersigned, am applying for enrollment to Los Angeles Lutheran Jr./Sr. High School for my son/daughter/ward. I authorize and request you to release all data and records (transcripts of marks and credits, standardized test results, discipline records, medical data, and other evaluations). Please send copies of these records, not the original student file or permanent record card.

Thank you,

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)