

Lift for Life Academy Records Request Release Form

1731 South Broadway
St. Louis, MO 63104
(314)231-2337 P
(314)334-0917 F

Student's Name _____

Date of Birth _____

Previous School Name _____

City and State of Previous School _____

Documents Requested:

____ IEP, Initial Evaluation, Reevaluations

____ Attendance Record

____ Assessment/Testing

____ Shot Records/Immunization History

____ Grades /Transcript

____ Birth Certificate

____ Discipline Profile

____ Other (_____)

Parent Signature*

Date

Please fax all records to the LFLA Registrar at (314)334-0917

Registrar: Pursuant to the Missouri Safe Schools Act of 1996, we are requesting
that these records be sent within five (5) days:

*Per the Family Educational Rights and Privacy Act of 1976 (FERPA), parent consent is not
necessary to release school records to educational institutions in which
a student is attempting to enroll.*

