



OUR SAVIOR LUTHERAN CHURCH and SCHOOL

825 S. Taylor Street + Arlington, VA 22204
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Rev. Wayne P. Fredericksen
Pastor

Minister David Labuhn
Pastoral Assistant

Joshua Klug
Principal

Our Mission – Worship our God, Share His Salvation!

Name and **complete** address of last school attended:

Dear Administrator:

Please forward the scholastic and health records for the following students/students transferring from your school.

Child's Name

Grade

In compliance with Section 438 of the "Family Educational Rights and Privacy Act of 1974" the required authorization for release of records is provided below

I, _____, parent, guardian, or legal protector request that the records of my child/children, as listed above, be sent to Our Savior Lutheran School.

Date: _____

Name (printed): _____

(Signed): _____

Address: _____

