



OFFICIAL TRANSCRIPT REQUEST

Student Name _____ Applying for Grade _____

I authorize (current school) _____ to release transcripts and other requested records to the school listed below:

Parent Signature _____

Records may be mailed or emailed:

Memorial Lutheran School, Admissions
5800 Westheimer Rd.
Houston, TX 77057
tboyd@mlchouston.org

Please send student records to include:

- Report Cards (include most recent)
- Achievement Test Scores
- Special Evaluations/Testing
- Immunization Record