



**Mission Statement:**

Bay Pines Lutheran School provides a Christ-centered education for the children of our congregation and community, preparing them for life on earth and in heaven.  
**Centered on Christ; Focused on Excellence**

## Transcript & Records Request

Date: \_\_\_\_\_

To: \_\_\_\_\_  
Name of School \_\_\_\_\_ City and State \_\_\_\_\_

As parent/guardian of \_\_\_\_\_ DOB: \_\_\_\_\_  
Full Name of Student \_\_\_\_\_

I hereby give permission for the immediate release of the following records:

- Academic
- Attendance
- Conduct
- Medical
- Psychological
- Social

*I understand that this information will be used in the best interest of the above-named student,  
with due respect to confidentiality.*

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Signature of Parent or Guardian

Date

Please forward records to:

**Office Manager**  
**Bay Pines Lutheran School**  
**7589 113<sup>th</sup> Lane North**  
**Seminole, FL 33772**  
**Email: [office@baypineslutheran.com](mailto:office@baypineslutheran.com)**  
**Fax: 727-391-6823**