

 **Lawrence
School**
Information Release Form

In accordance with the federal regulations regarding the privacy rights of parents and students under the Family and Privacy Act of 1974, the undersigned hereby consents to the release of all educational records of the above named applicant to Lawrence School. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent.

Applicant's Full Name Date of Birth

Home Address Phone Number

City State Zip Code

Year of High School Graduation or Expected High School Graduation _____

_____ Transcript

_____ Permanent/Cumulative Records/Report Cards

_____ IEP and MFE Records

_____ Medical History - School Health Records

_____ Other Specified: _____

Current School Information:

Name of School: _____

Address: _____

Phone: Fax: Email:

Parent/Guardian Signature

Printed Name

Staff Member, Lawrence School Date:

Date of Authorization

Please send records to:
Lawrence School Registrar
Email: Registrar@lawrenceschool.org
Fax: 440.526.2910
Mail: 1551 East Wallings Road, Broadview Heights, OH 44147
PH: 440.526.0003