

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 Co	ode	
Year of High So	chool Graduation or E	xpected High School Grad	uation		
Tra	nscript				
Per	rmanent/Cumulative	Records/Report Cards			
IEP	and MFE Records				
Me	edical History - School	Health Records			
Oth	ner Specified:				
Current Scho	ool Information:				
of Cobools					
ss:					
ol Contact:					
	Name:		Fax:	or	Email
Parent/Guardian Signature			Printe	d Name	
, 222	U		Data	-£ A+b:+:	
Staff Mombar	. Lawrence School	Date:	Date (of Authorizati	UII

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