



Consent for Release of Student Information from Lawrence School

I hereby give permission for Lawrence School to release information checked below for the following student:

Student Name _____ Date of Birth _____

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: _____

Please release records to:

Name _____

Address _____

Email _____

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.

Student signature if age 18 or older
otherwise parent/guardian signature

Printed Name

Date of Authorization

For internal use only

Staff Member, Lawrence School

Date Records sent