



# Lower Merion School District

## Request for Release of Information To the District

I (we) \_\_\_\_\_ authorize and request

\_\_\_\_\_  
(Name of sending school/agency)

\_\_\_\_\_  
(Address of sending school/agency)

\_\_\_\_\_  
(Phone/Fax of sending school/agency)

\_\_\_\_\_  
(City, State, Zip of sending school/agency)

To release information regarding: \_\_\_\_\_

\_\_\_\_\_  
(Name of student)

\_\_\_\_\_  
(Birthdate)

Send to: **Name of LMSD Building**  
**Address of LMSD Building**  
*(LMSD will complete this)*

### Please release the following information:

- Educational Information (School records)
- Registration
- Immunization
- Medical Information
- ER
- IEP/NOREP
- Psychological Evaluation
- Psychiatric Evaluation
- Neurological Evaluation
- Other (Please specify)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature (for all records if student is 18 years or older):

\_\_\_\_\_ Date \_\_\_\_\_