



## 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