



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 _____