

LEARNING PREP SCHOOL

1507 Washington Street, West Newton, MA 02465 617.965.0764 | learningprep.org

2020-21

AUTHORIZATION FOR RELEASE OF INFORMATION

Name of Student:	DOB:	
Address:		
Name of Parent or Guardian:		
Phone Number(s):		
I hereby give permission for:		
	(outside person and/or agency)	
	(address)	
	(phone number)	
to speak with:	(LPS representative)	
to discuss and/or furnish written info including medical records and opinic	ormation regarding confidential and professional informat ons of the above-named student.	tion
permission at any time upon my writ	or this school year. I understand that I may withdraw this tten request. I hereby release all parties above from any I in accordance with this authorization.	iability
Signed:	Date:	
(Parent or Guardian)		
	Date:	
(Student 18 years of age or o	lder)	
Witness:	Date:	

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