



Lower Merion School District

301 East Montgomery Ave. Ardmore, PA 19003-3399
Phone: 610-645-1800 ♦ Fax: 610-645-9679 ♦ www.lmsd.org

Request for Release of Information

I (we) _____ authorize and request to release information
TO and FROM the following schools/agencies regarding: _____

(Name of Student)

(Date of Birth)

Name of School/Agency:
Name: Lower Merion School District
Address: 301 E Montgomery Avenue
Ardmore, PA 19003

Name of School/Agency:
Name: _____
Address: _____

Attn: _____

Attn: _____

Please release the following information:

Lower Merion School District is authorized to release:

- Educational Information (school records)
- Registration
- Immunization
- Medical Information
- ER
- IEP/NOREP
- Psychological Evaluation
- Psychiatric Evaluation
- Neurological Evaluation
- Conversation
- Other (please specify) any other relevant information

_____ is authorized to release
to Lower Merion School District:

- Educational Information (school records)
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- Conversation
- Other (please specify) any other relevant information

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

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

Date: _____

This permission will expire on: _____

(Date)