



# Lower Merion School District

301 East Montgomery Avenue ♦ Ardmore, PA 19003-3399  
Phone: 610-645-1800 ♦ Fax: 610-645-9679 ♦ [www.lmsd.org](http://www.lmsd.org)

## Request for Release of Information To the District

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

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

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

\_\_\_\_\_  
(city, state, zip of sending school/agency)

to release information regarding:

\_\_\_\_\_  
(name of student)

\_\_\_\_\_  
(Date of Birth)

To: Name of Building: \_\_\_\_\_

Address of Building: \_\_\_\_\_

Attn: \_\_\_\_\_

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: \_\_\_\_\_

This permission will expire on: \_\_\_\_\_

(Date)