



Release of Records

I, _____, hereby authorize that all records
Parent's Printed Name
pertinent to my child, _____, including health and
Child's Printed Name
academic history be sent to St. Luke's School from:

Name of School

Street Address

City, State, Zip Code

Information, to be complete, should include the following:

- | | |
|----------------------------------|-------------------------------------|
| ___ Academic Records | ___ Individual Education Plan (IEP) |
| ___ Health/Medical Records | ___ Psychological Evaluation(s) |
| ___ Education Evaluation(s) | ___ Speech/Language Therapies |
| ___ Social History Evaluation(s) | ___ Psychiatric Evaluation(s) |
| ___ Other _____ | |

Signature

Relationship

Date