



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