



## *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*