

Please withdraw and send records

Please send records

Date Faxed: _____

Received: _____

Assigned Teacher: _____

School:

Address:

City, State Zip:

Phone:

Fax:

RELEASE OF INFORMATION

Date:

Name of Last School Attended:

School Address:

City, State:

Zipcode:

Phone:

To Whom It May Concern:

I hereby authorize the above mentioned school to release to Lafayette Parish School System all health, educational (including special education evaluations and IEP's), social and/or psychological information in your records on the following student who has enrolled within one of the schools, (see above) that is a school within the Lafayette Parish School System in Louisiana.

Name of Child:

Grade:

Date of Birth:

Signature of Parent/Guardian

Date