



Consent for Communication, Review, and/or Release of Student Records

Re: _____
Student Name

From: _____
Parent/ Guardian/*Student Name Phone

Please initial all that apply:

I hereby authorize the institution/individual designated below to:

- discuss my child's records with Baltimore Lab School
- release my child's records to Baltimore Lab School

I hereby authorize Baltimore Lab School to:

- discuss my child's records with the institution/individual designated below
- release my child's records to the institution/individual designated below

** The term "records" includes the following: school transcripts, current report cards, Individualized Education Plans, records containing standardized aptitude/achievement testing, professional evaluations, mental health reports/documents, and medical reports/documents.*

Designee Information:

Institution/Individual Name Title

Phone number Email address

Parent/Guardian/*Student Signature Date

*Student may complete and sign this form if 18 years of age

