



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

Parents/Guardians should complete consent for communication forms annually in order to allow BLS and/or the local funding school system (if applicable) to communicate with outside providers, attorneys, and consultants.

Student Name: _____ School Year: _____

Consent to Communicate with:

Institution/Individual Name:		Title:
Phone Number:	Email Address:	

Please initial all that apply:

I hereby authorize the institution/individual designated above to:

- discuss my child's records with: Baltimore Lab School Local School System (if student is funded)
- release my child's records to: Baltimore Lab School Local School System (if student is funded)

I hereby authorize:

- Baltimore Lab School Local School System (if student is funded)
- to discuss my child's records with the institution/individual designated above.
- to release my child's records to the institutional/individual designated above.

*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 (i.e. immunization records).

Parent/Guardian/Student* Signature

Date

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