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