

LifeSpan School & Daycare Authorization to Release Student Records

I hereby authorize LifeSpan School & Daycare

To send /release the records indicated below to:

Those records checked, if available, may be released:

1. _____ **Official Administrative Record (name, address, birth date, classroom/grade level completed, grades, and attendance records)**
2. _____ **Health Records including immunization information**
3. _____ **Child Assessments (Ounce Scale, Work Sampling, Dibels, PALS , Math, Ages and Stage), other developmental screenings.**
4. _____ **Teacher Observations and Ratings**
5. _____ **Confidential Records (individually administered test results and behavioral, psychological, psychiatric and neurological reports, IEP's/IFSP's)**
6. _____ **Student Assistance information (behavior reports, incident reports, referral forms, parent questionnaires, and release of information)**
7. _____ **Verbal/phone and email discussion regarding the educational support and care of my child.**

Student's Full Name

Signature of Parent or Guardian

Student's Date of Birth

Date

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