



AUTHORIZATION FOR EXCHANGE OF INFORMATION

I authorize the following organizations Lakeland Christian Academy and _____ to release/exchange information and share communication in verbal, written, and/or electronic form regarding:

(Student Name)

(Date of Birth)

This information is to be used in the planning of an appropriate educational program for the student. The confidentiality of the information received will be protected by the State and Federal guidelines regarding the collection, maintenance and dissemination of student records (*Family Education Rights and Privacy Act of 1974*).

Information for release includes the following: (Please Check)

_____ Grade Report Card

_____ Standardized Test Results

_____ Health/Immunization Records

_____ Attendance Records

_____ Transcripts/Credit Data

_____ Discipline Records

_____ Psychological/Psychoeducational/
Neuropsychological Evaluation

_____ Psychiatric Evaluation

_____ Special Education Data (ILP, 504)

_____ Gifted Education Data
(if separate from special education)

_____ Other, Please Specify:

(Parent/Legal Guardian)

(Date)

(Student, if Applicable)

(Telephone)

