



Lloyd Preparatory School™

1825 NW Corporate Blvd. Suite 110. Boca Raton, Florida 33431

AUTHORIZATION FOR RELEASE OF SCHOOL STUDENT RECORDS

I, _____, (circle one) parent | legal guardian | surrogate | primary caretaker| authorize _____ to release records checked PREVIOUS SCHOOL NAME AND ADDRESS _____, regarding, STUDENT _____ BIRTHDATE _____ to: NAME & TITLE PHONE _____ AGENCY, STREET ADDRESS, CITY, STATE, ZIP CODE _____ for the purpose of: _____.

This consent is valid until ___/___/___, unless otherwise revoked by me in writing.

RECORDS TO BE RELEASED

The records released shall cover the dates of ___/___/___ to ___/___/___ . (Optional)

PERMANENT RECORDS

Student's Name, Address, DOB, Birthplace, Gender, Birth Certificate, Parent's Name(s), Address(es) Attendance Records, Accident Reports, Health Records (excluding mental health), Academic Transcript, Honors/Awards received, and Participation in Extracurricular Activities.

TEMPORARY RECORDS

Class Schedule, Test Scores: intelligence, aptitude, achievement levels, Disciplinary Information, Family Background Information. Including Special Education Records: IEP, Psychological Evaluations, Social Work, Assessment, Educational Evaluation & Reports, Medical/Nursing Records Speech, Physical or Occupational Therapy Evaluations/Reports. Specialized Evaluations: psychiatric, audiological, vocational assessment.

Authorized parent/guardian signature date: _____