



**LAWRENCE ACADEMY**  
**Academic Support Office**  
**Release of Information**

If your child has been evaluated for a learning issue, or has been diagnosed with, is being monitored or treated for a physical or mental disability (e.g. specific learning disability, ADHD/ADD, vision or hearing impairment, anxiety disorder and etc.) information may need to be shared with specific faculty members and/or other school staff to ensure your child’s well-being and academic success. It is the intention of Lawrence Academy to support all students in a professional and appropriate manner; therefore if you choose to disclose this information about your child you need to:

- Review our Policy on the Documentation of Disabilities and the Granting of Academic Accommodations. *(Document is located on the Academic Support web page.)*
- Sign this statement allowing us to share information on an “as needed basis” to help support your child.

**Authorization for Release of Information**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Year Of Graduation (YOG): \_\_\_\_\_ Date(s) of Evaluation(s): \_\_\_\_\_

Evaluation Report(s) Submitted with Admission Application

Evaluation Report(s) Enclosed with this form

I hereby consent to the disclosure and sharing of information about my child contained in the aforementioned educational testing to those faculty and staff members to whom the disclosure of such information is deemed by the Head of School to be reasonably necessary and helpful to my child’s health, well-being, education, and full participation in the Lawrence Academy community.

Furthermore, I understand that all educational testing and/or all other supporting documentation of this diagnosis must be on file in the Academic Support Office by July 31<sup>st</sup> or the school may not be able to provide the academic accommodations my child needs. Often this documentation was received during the admission process, however if you have not sent it in you may do so with this form. Refer to our Policy on the Documentation of Disabilities and the Granting of Academic Accommodations located on the Academic Support web page.

I understand that I may refuse to consent to the sharing of my child’s information by not completing this form. While refusal to consent will not jeopardize my child’s right to obtain present or future treatment, accommodations, or support, it may affect the school’s ability to provide the necessary support for my child and may necessitate that my child leave Lawrence Academy.

This authorization will remain in effect until revoked by me.

Parent or Guardian Printed Name \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_