

LOWELL PUBLIC SCHOOLS

Henry J. Mroz Administration Office 155 Merrimack Street Lowell, Massachusetts 01852 www.lowell.k12.ma.us

AUTHORIZATION FOR INFORMATION AND RECORDS

STUDENT INFORMATION: LAST:FIRST:		Г:МІ	MIDDLE:		
GRADE:GENDER: _	LA	SID#:PAREN	T/GUA	ARDIAN:	
SCHOOL:		ADDRESS:			
order for Lowell Public Schoolservices for my child,, and/or agency listed below, we providers of service to my child understand that Lowell Public evaluating/assessing/monito educational program.	vho hav ild and, lic Scho ring my	rovide the most appropriate, there must be an excharge or had knowledge of my color my family, and the staff cols is requesting this inform y child's strengths and needs ols toObtainRelease	educatinge of inchild and of the Landion for the section of the se	ional program and related information between the persid/or who may be significant owell Public Schools. For the purpose of effort to provide an appropriollowing information	sons
verbal/written) by circling the valid for ONE YEAR from alternative time period here)	the da	te of signature, unless you	specify		
General Education		Special Education		Other	
All Records	Y N	All Records	ΥN	All Records	ΥN
Educational Records (Photo_Video_) Attendance Discipline Records School Health Records Current 504 Two way Communication Alternative Placement	Y N Y N Y N Y N Y N Y N Y N Y N	SPED Records Current IEP Independent Evaluation Physical Therapy/Eval Occupational Therapy/ Eval Psychological Eval Speech & Language Therapy/Eval	YN YN YN YN YN YN	Psychiatric Summary Discharge Summary Detailed Medication History Hospital/Medical Records Medical Summaries Protected Info (Protected Info Release is required)	1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
		Social History Report	ΥN	Current Treatment Plans (Behavior, Safety, Other) Other	Y N _ Y N
_	onsible at these of stude Name of	party, except to the extent to records are protected undo	that act er Fede	, with written notice by the ion has been taken in reliand ral and State regulations	ce
_		ee Franing Addi 655			
C	City/To	wn State		Zip	
	ardian/	 /Student Telephone	Numb	er Date	_