



PERMISSION TO RELEASE SCHOOL RECORDS

TO BE FILLED IN BY PARENT:

Permission is requested to release records of _____

(Student birth date: _____) who is or has been enrolled in your school.

Name of School: _____

Address: _____

Fax: _____

Phone: _____

LEVEY DAY SCHOOL REQUESTS THE FOLLOWING INFORMATION:

- Official Administrative Record (name, address, birth date, grade level completed, present grade, placement, class standing, attendance, etc.)
- Standardized Test Scores
- Principal/Counselor and Teacher Recommendations (forms included)
- Record of Discipline and/or Behavior Report
- Health Records (Immunization Records and Birth Certificate)

TO BE COMPLETED BY PARENT OR GUARDIAN:

I, the undersigned, grant permission for Levey Day School to receive the requested information. **Please give this completed form to your child's current school office.**

Signature of parent or guardian

Date of Signature

Address: Levey Day School
400 Deering Ave
Portland, ME 04103

207-774-7676
info@leveydayschool.org