



## Records Release Form

Student Name	DOB	Telephone
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Street Address	City	State	Zip
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Parent/Guardian Name	Email	Telephone
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I authorize Learning Prep School to release the following records to the organizations listed below.

Transcript (please allow 10 business days to process):

- Official Academic Transcript (with school seal, in sealed envelope, intended for colleges, etc.)
- Unofficial Academic Transcript (without school seal, intended for personal/employment use, etc.)

Other (i.e. Individualized Education Plan (IEP), neuropsychological testing, achievement testing, disciplinary record, etc.)  
(Please allow 10 business days to process.)

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Please send the above records to the persons/organizations listed below:

Name/Title	Organization	Address

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature\*

\_\_\_\_\_  
Date

(\*Form must be signed by an individual 18 years of age or older. If student is under 18 years of age, the form must be signed by the student's parent/guardian.)