



## REQUEST FOR RELEASE OF SCHOOL INFORMATION

### **TO THE PARENT:**

Please complete this form and send it directly to the current school or last school attended by your child.

I hereby authorize \_\_\_\_\_ to release information from the record  
(insert name of school)

of \_\_\_\_\_ to the **GREENVILLE LEARNING CENTER**.  
(insert full name of child)

It is understood that the information will remain confidential.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

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### **TO THE SCHOOL:**

The above named student has applied for admission to the **GREENVILLE LEARNING CENTER**. We would appreciate having from your files all materials that might be helpful in providing educational services to this student.

Please send copies of such materials to:

Director  
Greenville Learning Center  
1101 S. Elm Street  
Greenville, North Carolina 27858  
252•756•8248 • Fax 252•758•6823  
[www.greenvillelearningcenter.org](http://www.greenvillelearningcenter.org)

### **School Information Requested:**

1. Grade Record
2. A copy of all psychological and achievement evaluations
3. Individual Education Plan
4. Teacher, Guidance Counselor and/or other staff comments
5. Any available dated samples of child's work
6. Scores from Ed-of-Grade Testing/Writing Test