

The Lowell School



Dede Proujansky
Executive Director

INFORMATION EXCHANGE CONSENT FORM 2024 - 2025 SCHOOL TERM

Student _____

Address _____

I, _____, the parent/guardian of the student named above, hereby give my consent to **The Lowell School** to release school reports to and request information from outside agencies and schools regarding my child. This information will consist of any information which is regarded as essential to our coordinated planning efforts on my child's behalf, and may include medical, psychiatric, psychological, social behavior and/or academic information.

A record of requests for information will be kept in my child's file in the school.

Signature of Parent/Legal Guardian

Date: _____

I do not agree to the above

Signature of Parent/Legal Guardian

Date: _____