

LEBANON MIDDLE SCHOOL
891 Exeter Road, Lebanon, CT 06249
Telephone: (860) 642-4702
Fax Number: (860) 642-3534

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

Name of Student: _____
First Name Middle Name Last Name

Grade Registering for: _____ Date of Birth: _____

Address: _____
Street (do not list P.O. Box as a street address)

_____ Town State Zip Code

I give permission to:

Name of School

Street

_____ Town State Zip Code

Phone: _____ Fax: _____

to forward the following information to: **Haley Bender**
Lebanon Middle School
891 Exeter Road
Lebanon, CT 06249

- 1. Cumulative Records including Report Card, Birth Certificate, Test Scores, Attendance, Discipline**
- 2. Current Immunization/Health Records**
- 3. Special Education Records**
- 4. 504 Records**
- 5. Psychological Records**
- 6. Other:** _____

Parent/Guardian's Signature

Date