## LYMAN MEMORIAL HIGH SCHOOL GUIDANCE OFFICE 917 EXETER ROAD LEBANON, CONNECTICUT 06249

FAX: 860-642-3521

## Counselors:

Mr. David Tedesco 860-642-5682 Mrs. Darlene Loukides 860-642-5685 Guidance Secretary Mrs. Chalifoux 860-642-5687

## AUTHORIZATION FOR RELEASE OF STUDENT RECORDS - LEAVING LYMAN NAME OF STUDENT: GRADE STUDENT'S STATE ASSIGNED I.D NUMBER DATE OF BIRTH:\_\_\_\_\_ ADDRESS: Street Town State Zip code I give permission to Lyman Memorial High School to forward the following information: 1. Cumulative Records including Report Card, Birth Certificate, Test Scores, Attendance, and Discipline 2. Current Immunization/Health Records 3. Special Education Records 4. **504 Records** 5. Psychological Records 6. Other: Please forward these records to: Name of School Address Town Zip code State

Parent/Guardian's Signature

Date