

**AN 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**

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**AUTHORIZATION FOR RELEASE OF STUDENT RECORDS- ENTERING LYMAN**

NAME OF STUDENT: \_\_\_\_\_

**GRADE\_\_\_\_\_ (REGISTERING FOR)      DATE OF BIRTH:\_\_\_\_\_**

**ADDRESS:** \_\_\_\_\_  
**Street                      Town                      State                      Zip code**

[illegible]

**I give permission to the school listed below to forward the following information:**

- 1. Cumulative Records including Report Card(s), Birth Certificate, Test Scores, Attendance and Discipline.**

- ## 2. Current Immunization/Health Records

- ### 3. Special Education Records

- ## 4. 504 Records

- ## 5. Psychological Records

- 6. Other:** \_\_\_\_\_

- 7. Student's State Assigned I.D. Number (Connecticut Only)**

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**I give permission to:**

Name of School

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**Address**

Town	State	Zip code
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Date \_\_\_\_\_

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**Parent/Guardian's Signature**