



(845) 255-0033
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REQUEST FOR RELEASE OF RECORDS

Date: _____

Student Name: _____

Grade: _____ Name of Teacher: _____

Name of School: _____

School Mailing Address: _____

I HEREBY GIVE MY PERMISSION TO RELEASE ALL EDUCATIONAL, ATTENDANCE, HEALTH, DISCIPLINE, AND PSYCHOLOGICAL RECORDS FOR MY CHILD.

Please mail to: Mountain Laurel Waldorf School
P.O. Box 939
New Paltz, NY 12561

Home Address: _____

SIGNATURE OF PARENT/GUARDIAN: _____