



## RELEASE OF RECORDS

Date: \_\_\_\_\_

Attention: \_\_\_\_\_

School or Agency Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

Please release records for: \_\_\_\_\_

(Student's Name)

\_\_\_\_\_

(Date of Birth)

Parent/Guardian Signature: \_\_\_\_\_

To: Aurora Waldorf School  
525 West Falls Road  
West Falls, NY 14170

Phone: 655-2029

FAX: 655-3265

Please send the following information:

- Scholastic Records, including IEP, AIS, or reports of any tutoring or extra support provided
- Speech/Hearing Records
- Health Records
- Social/Psychological Evaluations/Records