



REQUEST FOR RELEASE OF INFORMATION

Parents: Please print and sign a copy of this form for each professional listed in your application, including teachers and administrators at your child's current school. Please send signed forms, along with other application materials, to admissions@thelangschooll.org.

I hereby give _____ permission to speak with and/or provide reports or information to The Lang School regarding my child, _____.

Parent Name: _____

Parent Signature: _____ Date: _____

School and professionals may mail, email, or fax reports to:

Admissions
THE LANG SCHOOL
11 BROADWAY, SUITE 300
NEW YORK, NY 10004
Fax: 212 977-1047
Email: admissions@thelangschooll.org