



## REQUEST FOR RELEASE OF INFORMATION

Parents: This form should be completed by you and sent to your child's current school and all professionals who work with your child. (Print a copy of this form for each professional.)

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: \_\_\_\_\_

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

Micaela Bracamonte, Head of School  
THE LANG SCHOOL  
11 BROADWAY, SUITE 300  
NEW YORK, NY 10004  
Fax: 212 977-1047  
Email: [admissions@thelangschooll.org](mailto:admissions@thelangschooll.org)