

St. Laurence High School

Where Leadership Begins



Student's Name: _____ Class of _____

Permission is granted to the St. Laurence Student Services Department to release information regarding the testing and recommendations offered through the student's IEP/ISP or 504 Plan. This information can be shared with the student's teachers, school nurse or other members of the student's educational team.

Through the Edmund Rice Outreach Center we will work to provide reasonable accommodations to help your student be successful in the classroom. The school may not, in all cases, be able to offer the student all of the accommodations or recommendations listed in the IEP/ISP or 504 Plan such as aides or therapeutic services.

By signing this form, you indicate that you understand the above and agree to the terms.

Student's Signature: _____

Parent's Signature: _____

Date: _____

**THIS RELEASE FORM IS IN EFFECT UNTIL THE STUDENT GRADUATES AND/OR PARENT/STUDENT
REQUEST THAT IT BE REVOKED**

Please return signed form to Mrs. Melissa Small
Msmall@stlaurence.com