



Request For Records

Student Name

Date of birth

Prior school of record

Address

City, State, Zip

I hereby authorize the release of the following information:

School cumulative records, psychological studies/reports/confidential file, medical/immunization and other school-related records.

Parent Name (please print)

Parent Signature

Date

Please send records to the following address:

Lydian Academy
815 El Camino Real
Menlo Park, CA 94025