



REQUEST FOR RELEASE OF INFORMATION

This form should be completed for your child's current/previous school and all professionals who work with your child. Send all release forms to The Lang School. (A copy of this form should be completed for each professional.)

I HEREBY GIVE _____ PERMISSION TO SPEAK WITH AND/OR PROVIDE REPORTS OR
INFORMATION TO **THE LANG SCHOOL** REGARDING MY CHILD, _____
STATE _____ ZIP _____

PARENT SIGNATURE

DATE

PARENT NAME

Please mail or email reports to:

ATTN: REID KUIOKA
DIRECTOR FOR ADMISSIONS
THE LANG SCHOOL

MAIL

THE LANG SCHOOL
26 BROADWAY, SUITE 900
NEW YORK, NY 10004

EMAIL

ADMISSIONS@THELANGSCHOOL.ORG