

## Authorization to Release School Records

Form F

Authorization is hereby granted to \_\_\_\_\_  
to furnish all information relating to personal identification, attendance, health,  
behavior, disciplinary history, scholastic achievement, standardized test results,  
psychological reports, 504 Plans, IEPs, awards and honors, in and out-of-school  
activities, interests, personal and vocational plans, teacher and guidance counselor  
appraisals, and all others documents that can inform this student's educational  
potential, to La Salle Institute.

\_\_\_\_\_  
Student's Name (printed)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Current Grade

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian of Above Named Student

\_\_\_\_\_  
Date

Please send to:

La Salle Institute

Attn: Mr. Shane Hendry, '06

174 Williams Road

Troy, NY 12180

[shendry@lasalleinstitute.org](mailto:shendry@lasalleinstitute.org)

518-283-2500 x263; Fax 518-283-6265