

AUTHORIZATION TO RELEASE STUDENT INFORMATION

I, _____, _____, hereby authorize
Date of Birth

the following school (and its staff)

ST. LAWRENCE SCHOOL _____ (SCHOOL) to release to
Name of school

RECORDS DEPOSITION SERVICE, INC.

PO BOX 5054, SOUTHFIELD, MI 48086-5054

P: 248-357-3330 F: 248-357-3337

any and all records and other information SCHOOL has regarding my enrollment and attendance at SCHOOL obtained by SCHOOL through SCHOOL contacts, including but not limited to, transcripts, report cards, conduct, discipline, attendance records, health information, test or examination results, etc. for the purpose of legal discovery.

This authorization is valid until _____.
Date

I UNDERSTAND THAT I MAY REVOKE THIS AUTHORIZATION AT ANY TIME, EXCEPT TO THE EXTENT THAT ACTION HAS ALREADY BEEN TAKEN TO COMPLY WITH IT.

Redisclosure may not be permitted without specific authorization.

A copy of this authorization shall be considered as valid as the original.

WHATEVER PRIVILEGE AFFORDED BY LAW IS HEREBY WAIVED.

_____	_____		
Print name	Date signed		
_____	_____		
Signature	Date of last attendance		
_____	_____		
Street Address	City	State	Zip
_____	_____	_____	_____
_____	_____		
Telephone/Cell Phone	Email Address		

Subscribed and sworn to before me
this ___ day of _____, _____

NOTARY PUBLIC