Phone: 434-295-0457
Fax: 434-977-1892

Little Keswick School
Incorporated
A Therapeutic, Special Education Boarding School for Boys
www.littlekeswickschool.net

P.O. Box 24
Keswick, VA 22947

AUTHORIZATION FOR RELEASE OF INFORMATION TO LKS

I authorize _____ to furnish a copy of the following records pertinent to my son, _____, to Little Keswick School, Inc.:

Name of Organization/Individual: _____

Address: _____

_____

_____

Telephone Number: _____ Fax Number: _____

_____ Criteria and Mastery Testing
_____ Discharge Summary
_____ Immunization Record
_____ Neurological Evaluations
_____ Physical Examinations
_____ Referral, Screening, Eligibility Forms
_____ Social History
_____ Treatment Plan and Reviews
_____ Verbal Exchange of Information

_____ Audiological Reports/Speech Therapy Evaluations
_____ Educational Evaluation
_____ Individualized Education/Service Plan
_____ Occupational Therapy Evaluations
_____ Progress Reports
_____ Psychological Evaluations
_____ Standardized Test Results
_____ Visual Examinations
_____ Other: _____

I understand that all such record copies will be regarded as privileged information and that this release form becomes ineffective one year from the date signed.

_____ _____
Date Signed Parent/Guardian Signature

_____ _____
Date Signed Student Signature (required only if over 18)