

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

 **Little Keswick School**  
Incorporated  
*A Therapeutic, Special Education Boarding School for Boys*  
www.littlekeswicksschool.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: \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> Criteria and Mastery Testing           | <input type="checkbox"/> Audiological Reports/Speech Therapy Evaluations |
| <input type="checkbox"/> Discharge Summary                      | <input type="checkbox"/> Educational Evaluation                          |
| <input type="checkbox"/> Immunization Record                    | <input type="checkbox"/> Individualized Education/Service Plan           |
| <input type="checkbox"/> Neurological Evaluations               | <input type="checkbox"/> Occupational Therapy Evaluations                |
| <input type="checkbox"/> Physical Examinations                  | <input type="checkbox"/> Progress Reports                                |
| <input type="checkbox"/> Referral, Screening, Eligibility Forms | <input type="checkbox"/> Psychological Evaluations                       |
| <input type="checkbox"/> Social History                         | <input type="checkbox"/> Standardized Test Results                       |
| <input type="checkbox"/> Treatment Plan and Reviews             | <input type="checkbox"/> Visual Examinations                             |
| <input type="checkbox"/> Verbal Exchange of Information         | <input type="checkbox"/> 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)