



**RELEASE OF INFORMATION  
(School Records)**

I hereby authorize \_\_\_\_\_  
(School)

to release any and all information including school transcripts, achievement or  
psychological testing, IEPs or any other information requested below regarding

\_\_\_\_\_ to Hall Educational Consulting Inc.  
(Student)

Please fax the following requested records to Hall Educational Consulting Inc,  
fax number: **610-889-0391**:

- School transcript
- Achievement testing
- Psychological testing
- Individualized Education Program (IEP)
- Disciplinary reports
- Other: \_\_\_\_\_

**Signature of Parent/Guardian or Student (if over 18 years old):**

\_\_\_\_\_

**Date of Signature:**

\_\_\_\_\_