

**MECHANICSBURG LEARNING CENTERS**  
606 East Simpson St. (rear) Mechanicsburg, PA. 17055  
phone: 717-766-2439 fax: 717-697-7486 email: MLC841@aol.com

**INFORMATION RELEASE FORM**

It is hereby authorized for:

\_\_\_\_\_  
Name/Agency/School

\_\_\_\_\_  
Street or Box #

\_\_\_\_\_  
City, State & Zip Code

to release/obtain information to/from the Mechanicsburg Learning Center regarding:

\_\_\_\_\_  
Child's Name

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

\_\_\_\_\_ Regular School Records

\_\_\_\_\_ Reports from other  
Educational Specialists

\_\_\_\_\_ School Health Records

\_\_\_\_\_ Psychological Reports  
Achievement Tests

\_\_\_\_\_ Psychiatric Report  
Neurological Report  
Speech & Language Report  
Pediatric Report  
Educational Report

\_\_\_\_\_ Day Care Record

Specify information to be released: \_\_\_\_\_

The purpose for which the information is requested is: \_\_\_\_\_

\_\_\_\_\_  
Signature Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

I understand that this release will remain in effect until such time as it is revoked by me/us in writing or my child/children are no longer enrolled in an MLC program.

NOTE: A copy of this release shall be considered valid.