

CONSENT TO RELEASE INFORMATION FROM SCHOOL

Child's name: _____ Birth date (yy/mm/dd): _____

To determine what services your child requires, we require your permission to contact your child's school/preschool.

Name of school/preschool: _____

Contact person: _____

Title/position: _____ Phone: _____

I, _____, parent/legal guardian, consent for the release of any information which the school/preschool may have regarding my child's school function or development, including written or verbal reports to Dr. _____

Signature of parent/legal guardian: _____ Date: _____

Signature of witness: _____ Date: _____

Please return this signed consent form and the completed parent/school questionnaires to:

Dr. _____

Address: _____

