

THE CORWIN-RUSSELL SCHOOL

THERAPIST / PHYSICIAN RELEASE FORM

I hereby grant my permission for Broccoli Hall to OBTAIN whatever information is available on my child, _____, from

Therapist

Name: _____

Phone Number: _____

Fax Number: _____

Address: _____

Evaluator

Name: _____

Phone Number: _____

Fax Number: _____

Address: _____

Physician (please specify type of physician)

Name: _____

Phone Number: _____

Fax Number: _____

Address: _____

Other (please specify)

Name: _____

Phone Number: _____

Fax Number: _____

Address: _____

Signature of Parent or Guardian

Date

Name Printed

