

## PARENTAL PERMISSION FOR RELEASE OF INFORMATION

To the parent/guardian:

Please return thi	s form to The Common School	with your application.
Child's Name:		
Name of school of	or child care provider:	
Phone:		
Teacher:		
forward written of grant permission	permission to the above named evaluations of my child to The C on for the individual named abovey of child's development to a repre	Common School. In addition ve to provide verbal infor-
Parent Signature		 Date

## TO THE RECEIVING SCHOOL OR CHILD CARE PROVIDER

Upon receipt of this signed release, please forward any written evaluations, testing, and/or transcripts. Please alert the child's teacher or provider that permission has been given, and have them complete the enclosed form. If no written evaluations are available, please call The common School to furnish developmental information about the child named on this form.