



Villa Maria School

PARENT'S CONSENT FORM FOR RELEASE OF RECORDS

TO: _____

RE: _____

BIRTHDATE: _____

I hereby authorize and request that you release the records concerning my child,
_____, as indicated below:

- | | |
|--|--|
| <input type="checkbox"/> Psychological | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Social History | <input type="checkbox"/> Audiological |
| <input type="checkbox"/> Speech/Language | <input type="checkbox"/> Academic |
| <input type="checkbox"/> Medical/Health | <input type="checkbox"/> IEP/PPT Minutes |
| <input type="checkbox"/> Neurological | <input type="checkbox"/> Other (Specify) _____ |

The records should be sent to:

Elise Brody
Admissions Director
Villa Maria School
161 Sky Meadow Drive
Stamford, CT 06903

Signature of Parent (Guardian)

Date