

Record Release Form



CHELSEA
SCHOOL

Greater Expectations

CHELSEA SCHOOL

2970 Belcrest Center Drive, Suite 300 Hyattsville, Maryland 20782
Telephone: (240) 467-2100 Fax: (240) 467-2120
Website: www.chelseaschool.edu Email: information@chelseaschool.edu

To Whom it May Concern:

You are hereby authorized to release my child's records to Chelsea School.

- Educational Assessments
- Speech Language Reports
- Psychological Evaluations
- Transcripts/Report Cards
- Occupational/Physical Therapy Reports
- Medical Records
- Other _____

Chelsea School, for purposes of admission and continuing enrollment, is hereby authorized to permit appropriate staff member(s) to contact any professional involved in the assessment, education or treatment of

(Student)

I give Chelsea School permission to contact any professional involved in the assessment education or treatment of _____ for any additional information, if necessary.

Signature of Parent or Guardian

Date

Please forward these as soon as possible to the Admissions Office.
Director of Admissions Email: ckadan@chelseaschool.edu