

RECORD RELEASE FORM



CHELSEA SCHOOL

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To Whom it May Concern:

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

_____ Educational Assessments	_____ Psychological Evaluations
_____ Speech/Language Reports	_____ Occupational/Physical Therapy Reports
_____ Transcripts/Report Cards	_____ 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 on 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 records as soon as possible to the Admissions Office.