

The GW Community School

Service Provider Information Request for Release

TO THE PARENTS OR GUARDIANS: Please complete one form for each person who will be providing information about your child. Use this form for all educational consultants, institutions and clinicians or others who may have provided educational, diagnostic or therapeutic services for your child.

I, _____
Print your name here

hereby give _____
Print service provider's name and address above

permission to release information regarding:

Print your child's full name here

for the use of The GW Community School. It is understood that the information is released for professional use only, is applicable to the current school year only, and will remain confidential between you and the school.

Parent/Guardian Signature

Date

NOTE TO SERVICE PROVIDER: The above-named parent or guardian has applied to The GW Community School for his child. Should you have any questions, please call 703 978-7208. We are looking for information that will be helpful in providing services to this child. Send your reply to:

Admissions Office
The GW Community School
9001 Braddock Road, Suite 111
Springfield, Virginia 22151

