



## Therapist Release Form

Date: \_\_\_\_\_

Duration of Release: 2021-2022 School Year

Provider Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Release for: \_\_\_\_\_

**Student's Name**

In order for us to serve you student in the most effective manner, we must have your understanding of and permission for frequent, ongoing written and oral communication exchange between your child's and/or family's therapist and Mill Springs Academy staff.

Permission granted by: \_\_\_\_\_

Print Name

Relationship to student: \_\_\_\_\_

Parent or Custodial Signature: \_\_\_\_\_

***Return to: [admissions@millsprings.org](mailto:admissions@millsprings.org)***