



Therapist Release Form

Date: _____

Duration of Release: For the 2022-23 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