



**NEWMARK**

Education

## 2024-25 NEWMARK OUTSIDE PROVIDER PERMISSION FORM

**Mid Year Update:** Newmark would like to utilize all the resources available to help enhance the education of your student. One important way to do this is to have the school counselor communicate with your student's therapist, psychiatrist or other services provider such as speech or occupational therapy.

**Instructions** If your student is now seeing a service provider outside the school setting and you would like us to be able to contact them, please print one form for each Outside Provider (therapist, psychiatrist, speech, OT, etc. professional), complete and sign. Completed form(s) must be returned to Newmark before your student starts Newmark.

**Important: One form must be completed for each new Outside Provider that you allow us to contact.**

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The following section is to be completed and signed by parent:

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Outside Provider Role:**

Therapist  Psychiatrist  Speech  OT  Other: \_\_\_\_\_

**Outside Provider Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

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

**Frequency of Visits:** \_\_\_\_\_ **Email:** \_\_\_\_\_

I hereby give permission for Newmark to contact the Outside Provider listed above in regarding my student.

**Parent Name:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please return form(s) to Newmark Main Office as soon as possible.*