



Release of Information

NOTE TO PARENTS: THIS FORM SHOULD BE COMPLETED AND SENT BACK TO THE DIENER SCHOOL ALONG WITH YOUR COMPLETED APPLICATION.

Release of Information:

I authorize the release of information regarding the above referenced student to The Diener School either through written or verbal communication. This release includes, but is not limited to, school reports and/or transcripts, types of therapeutic services, assessments and/or treatment plans from medical, educational and/or therapeutic professionals who are working with or have worked in the past with my child. This release will be considered active through the admissions process as well as ongoing if the student is accepted and enrolled at Diener. All information disclosed will be considered confidential.

Parent Name (Print): _____

Parent Signature: _____

Date: _____

Please send to:

The Diener School
11510 Falls Road
Potomac Maryland 20854
Attention: Admissions Office
301-299-4602