



WINDHAM
Learning Tree
Academy

Dear Parent/Guardian:

Please complete this form if you are working with an attorney, educational advocate, therapist, physician, or other professional who can provide additional information about your child.

REPORT RELEASE FORM

To: _____ Title: _____

Address: _____

Phone: _____ Fax # _____

Email: _____

Student's Name: _____ Date of Birth: _____

You are hereby authorized to release records, evaluations, reports, transcripts, verbal, electronic (email) and other information for my child named above, to the Windham Learning Tree Academy, LLC.

- Educational
- Occupational/ Physical Therapy Report
- Behavioral/ Incidents
- Medical
- Psychological
- Speech/Language
- Other: _____

The Windham Learning Tree Academy, LLC staff are also authorized to release verbal and written and electronic (email) information to you, including progress reports, incident reports and behavioral reports, and complete questionnaires regarding the above named student.

Signature Parent/Guardian _____ Date _____

Signature Parent/Guardian _____ Date _____