



# Willowcrest

## STUDENT CONFIDENTIAL INFORMATION RELEASE FORM

I give permission for the following institution/individual to release all educational and testing information available concerning my child to Willowcrest School. Please forward all documents from the following parties to Willowcrest at the address listed below.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Willowcrest School | 5048 Willowcrest Ave. | North Hollywood, CA 91601

I understand that Willowcrest School is a licensed childcare facility in the state of California and is responsible for maintaining all the requirements of professional confidentiality.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Name \_\_\_\_\_  
(Please Print)

Student's Name \_\_\_\_\_  
(Please Print)

Attention Parents:

(1) Please submit this signed release to your child's therapist, evaluator, and/or other professionals who have provided support. (2) Please submit a copy of this signed release to Willowcrest School for your child's application file.