

The Siena School

9727 Georgia Avenue | Silver Spring, MD 20910 | t: 301.592.0567 | f: 301.592.0569
www.thesienaschool.org

provider release form

Student Name _____

Applying for Grade _____

TO THE PARENT

Please provide a copy of this form to each service provider listed on the student's application under "Service History".

To the Service Provider:

I authorize you to release all information requested by The Siena School regarding services you have provided to my child, for the purpose of admissions and continued enrollment. This includes, but is not limited to, all records, evaluations, reports, transcripts and other information. I further authorize you to discuss with Siena personnel any services you are providing, or have provided, to my child. This authorization includes providing information to and communicating with Siena staff as part of the admissions process, but also on an ongoing basis in the event my child is admitted and enrolled.

Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____

TO THE SERVICE PROVIDER

This student has applied for admission to The Siena School. We may be contacting you to discuss the services you have provided to the student. If information or records are requested, you may send them to:

**The Siena School
Admissions Office
9727 Georgia Avenue
Silver Spring, MD 20910
(301) 592-0567**

PLEASE SAVE A COPY OF THIS FORM IN THE STUDENT'S FILE. IN THE EVENT THE STUDENT IS ADMITTED AND ENROLLED, THE PARENT HAS PROVIDED PERMISSION FOR US TO CONTINUE OUR DISCUSSIONS REGARDING THE STUDENT ON AN ONGOING BASIS.