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Consent for Release of Information for 2022-2023 School Year

If you would like The Trellis School to have the ability to talk to your child's physician, psychologist, outpatient institution or clinic, or other agency/individual please complete this form and sign to indicate your consent.

I _____ give permission for The Trellis School to exchange information and obtain records regarding my child, _____, with the following people/agencies:

Medical Physicians:

Subspecialists:

Other:

for the purpose of coordinating and providing services.

Parent or Guardian Signature

Date