



REQUEST FOR RELEASE OF DIAGNOSTIC/PSYCHOLOGICAL INFORMATION

TO THE PARENT:

Please complete this form and send it directly to the Psychologist or Psychiatrist who most recently diagnosed your child's learning disability or attention deficit disorder.

I hereby authorize _____ to release information from the record
(insert name of psychologist or psychiatrist)
of _____ to the **GREENVILLE LEARNING CENTER**.
(insert full name of child)

It is understood that the information will remain confidential.

Parent's Signature _____

Date _____

TO THE PSYCHOLOGIST OR PSYCHIATRIST:

The above named student has applied for admission to the **GREENVILLE LEARNING CENTER**. We would appreciate having from your files all materials that might be helpful in providing educational services to this student.

Please send copies of such materials to:

Director
Greenville Learning Center
1101 S. Elm Street
Greenville, North Carolina 27858
252•756•8248 • Fax 252•758•6823
www.greenvillelearningcenter.org

School Information Requested:

1. Assessment of intellectual functioning, preferably based on the WISC-III or a similar assessment (Please include scaled subtest scores.)
2. Assessment of current social and emotional functioning noting any significant psychological problems and/or results of projective testing.
3. Assessment of perceptual processes.
4. Assessment of academic functioning.