CARDINAL CUSHING CENTERS
405 Washington Street
Hanover, MA 02339

(781) 826-6371 FAX (781) 826-1559

RELEASE of REPORTS/INFORMATION FORM

TO: ______________________________ **DATE:** __________________________

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ATTN:______________________________

RE: __________________________________ **DOB:** __________________________

Please forward the following reports/information to the above address and to the attention of:

____
Staff member's name

_____	**Medical/Psychiatric**	_____	**Academic**
_____	**Neurological**	_____	**Mental Health**
_____	**Psychological**	_____	**Other**

If faxing information, please use the FAX # that is indicated below:

☐ **Fax: (781)826-1559**
Education Center

☐ **Fax # (781) 826-1250**
Kennedy Building

☐ **Fax # (781) 826-8035**
Health Center

This information will become part of the student's permanent file or admission referral file, whichever applies. All information received will be maintained as confidential and used for professional purposes only to benefit the student.

I give permission to release any evaluations, reports, and other written or verbal information concerning the above mentioned student.

Approved by: ____
Parent/Guardian

Address: ____________________________________

____

Telephone: ________________________________