



TIEGERMAN

TEACHING THE EXTRAORDINARY

EXPERTS IN LANGUAGE AND COMMUNICATION DEVELOPMENT

Request for Release of Information

Dear Parent/Guardian:

Please complete this section and send it to all professionals who work with your child.
(This form can be photocopied.)

Your child's application will be reviewed when all the reports are received.

I give _____ permission to release information
(Name)

regarding my child, _____, to the TIEGERMAN Admissions Team.

Signature: _____ Date: _____

Name: (please print) _____

To the School or Professional:

The parents/guardians of the above-named child have applied for admission to TIEGERMAN. Please send the Professional Questionnaire to Cristina Cruz at CrCruz@tiegerman.org or mail to

Attention: Admissions Office
TIEGERMAN
100 Glen Cove Avenue
Glen Cove, New York 11542