



KURN HATTIN HOME AND
SCHOOL FOR CHILDREN
PO BOX 127
WESTMINSTER, VT 05158
www.kurnhattin.org

TEL: (802) 722-3336
FAX: (802) 722-3174

RELEASE OF PSYCHOLOGICAL INFORMATION

I, _____, as guardian of
(Name of Guardian)

_____, authorize
(Name of Child)

(Name of Counselor, Therapist or Psychologist)

to release psychological records to Kurn Hattin Home and School for Children for the purpose of applying for admission.

I also give permission for the person authorized above to discuss these records with Kurn Hattin Admissions personnel.

Phone Number _____ Best Time _____
Of Counselor _____ to Call _____

Signed: _____ (Legal Guardian) _____ (Date)

PLEASE SEND INFORMATION TO THE ATTENTION OF:

ADMISSIONS COORDINATOR
KURN HATTIN HOME AND SCHOOL FOR CHILDREN
P.O. Box 127
WESTMINSTER, VT 05158