

MARY McDOWELL



CENTER FOR LEARNING

20 Bergen Street, Brooklyn, NY 11201 718-625-3939 Fax 718 625-1456 www.marymcdowell.org

RELEASE OF INFORMATION FORM

TO: _____

My child, _____, is applying to the MARY McDOWELL CENTER FOR LEARNING. I would appreciate your sending a copy of his/her records, evaluation or a summary of work.

Please send them to: Admissions Office
MARY McDOWELL CENTER FOR LEARNING
20 Bergen Street
Brooklyn, New York 11201

Thank you for your cooperation.

Signed: _____

Print Name: _____

Relationship to Applicant: _____ Date: _____