MIAMI
AUTISM
RECOVERY
PRESCHOOL

Parent Directory Release Form

Child's Name: _____

☐ Yes, I give my permission for my name, address, telephone number and email address to be included in the MARP Parents Directory

☐ No, I do not give my permission for my name, address, telephone number and email address to be included in the MARP Parents Directory

Parent's Signature _____ Date _____