



**DEPARTMENT OF PARKS AND RECREATION**

Community Recreation Division, Therapeutic Recreation  
Lubber Run Community Center 300 N. Park Drive, Arlington, VA 22203  
TEL 703.228.4740 • FAX 703.228.4877 • TTY 711

**Release of Information Form**

I, \_\_\_\_\_ hereby give my permission to Arlington County  
Participant/Parent/Guardian

Therapeutic Recreation Office to release the below information (electronically or verbally) for

\_\_\_\_\_ with \_\_\_\_\_ at  
Name of Participant Name of Person Requesting Information

\_\_\_\_\_  
Name of Organization Requesting Information

Participant Modification Plan

Past program experiences/observations

Recommendations for support

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_