



A Speech Connection Clinic

RELEASE OF INFORMATION

PATIENT NAME: _____

DATE: _____

I _____ authorize A Speech Connection Clinic personnel to contact the following individuals/organizations: _____.

Please check the information that may be released.

____ Current speech evaluations

____ Current speech session notes

____ Information concerning patient's progress

____ Information concerning patient's behaviors during session

____ OTHER

Patient/Guardian Signature _____

Date _____