



CLINICAL RELEASE OF INFORMATION

I, _____, hereby give permission for the Speech Pathologist at Ask A Speechie to:

- discuss my child's case with other professionals involved in his/her care (i.e. collect documentation and release any relevant clinical information).

Please list the professionals that *the speech pathologist* may communicate with:

Name: _____ Address: _____

Email: _____

Name: _____ Address: _____

Email: _____

- communicate with my child's school

Please list the school-based staff that *the speech pathologist* may communicate with:

Name: _____ Position in School: _____

Email: _____

Name: _____ Position in School: _____

Email: _____

Name: _____ Position in School: _____

Email: _____

Signature of Parent/ Guardian: _____ Date: _____

Name of Parent/Guardian: _____