

Release of Information Form

Date _____

I _____ hereby request that your office release all pertinent
Parent/Primary Caregiver

medical, clinical or educational records of my child, _____,
First and Last Name

To Children’s Speech Care Center. These records will be kept confidential and will be used to assess any issue relative to my child’s speech and language needs.

In the case that any record is needed during my child’s treatment, now or in the future, a representative of Children’s Speech Care Center will write your office for a copy on my behalf.

Parent/Primary Caregiver’s Signature