



## **Release Form**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Name(s) of Parent(s): \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

### **Release of Information:**

I, \_\_\_\_\_ hereby authorize the release of information regarding my son/daughter's speech and language therapy, and give Lauren Wieskopf and her associates permission to discuss \_\_\_\_\_'s evaluation results, therapy goals, and progress:

With: (please be sure to include your child's school)

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I understand I can revoke this release in writing, at any time. Photographic copies of this release shall be valid as the original.

**Parent's Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_