

CONSENT FOR RELEASE OF INFORMATION

As the parent/guardian of _____, I hereby consent for the release of

information _____ TO and/or _____ FROM the speech-language pathologists of **LT Speech & Language Therapy** and its affiliates for the coordination of services for my child. Specifically, I consent for the following persons and/or entities to consult with **LT Speech & Language Therapy**, via all means of communication, regarding my child's status in the areas of:

_____ COMMUNICATION

_____ BEHAVIOR

_____ HEALTH/MEDICAL

_____ ACADEMICS

NAME(S) OF PERSONS/ENTITIES:

By signing below, I understand that this consent will remain effective for one year from the date of signing and that I may withdraw this consent at any time.

PARENT/GUARDIAN SIGNATURE

DATE