

CONSENT FOR RELEASE OF INFORMATION
(Release TO ASU)

I hereby authorize _____ to release to the
ASU Speech and Hearing Center diagnostic and/or treatment information for

(Client's Name) (Date of Birth)

The following information is requested:

- Most recent evaluation report
 - Most recent treatment report and / or I.E.P.
 - Other _____
- _____

Signature: _____ Date: _____

Address: _____

File #: _____ Relationship to Client: _____ self _____ parent/guardian/designee

CONSENT FOR RELEASE OF INFORMATION
(Release FROM ASU)

I hereby authorize ASU Speech and Hearing Center to release records for

_____ to the following facility:
(Client's Name) (Date of Birth)

Facility name: _____

(Street or P.O. Box) (City) (State) (Zip)

Authorization includes:

- Most recent evaluation report
- Most recent treatment report and / or I.E.P.
- Other _____

Signature: _____ Date: _____

Address: _____

File #: _____ Relationship to Client: _____ self _____ parent/guardian/designee

