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.	n 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 #: self p	arent/guardian/designee

ARKANSAS STATE
UNIVERSITY
Revised: 11/1/12

PF

CONSENT FOR RELEASE OF INFORMATION

(Release FROM ASU)

I hereby authorize ASU S	Speech and Hearing Center to	release records for	
		to the following facility:	
(Client's Name)	(Date of Birth)	to the following facility.	
Facility name:			
(Street or P.O. Box)	(City)	(State)	(Zip)
Authorization includes:			
☐ Most recent evalu	ation report		
□ Most recent treatr	nent report and / or I.E.P.		
□ Other			
Signature:		Date:	
Address:	Y		
File #:	Relationship to Client:	self parent/gu	ardian/designee
			SU
		ARKANS, UNI	AS STATE VERSITY

PF Revised: 11/1/12