

AUTHORIZATION FORM FOR RELEASE OF CONFIDENTIAL INFORMATION

PARENT(S)/GUARDIAN(S): _____

ADDRESS: _____

CHILD'S NAME: _____

I hereby authorize PROMISE YEARS Preschool Speech-Language Program to release to Turtle Mountain School Division Speech/Language Services the following information:

assessment and progress reports

for the purpose of providing speech/language services.

I understand the recipient will use this information only for the authorized purpose and any improper use thereof will result in legal liability.

This authorization shall be valid for _____ days from the date signed, unless formally withdrawn.

Date

Signature

Relationship if other than client