



**CLINICAL RELEASE OF INFORMATION**

I, \_\_\_\_\_, hereby give Princeton Speech-Language & Learning Center permission to discuss my/my child's case with the interdisciplinary professionals involved in his/her care, and to release any relevant clinical information to those professionals if requested. I also authorize PSLLC to release and/or share any information requested by my insurance company.

\_\_\_\_\_  
Client's Name

\_\_\_\_\_  
Relationship to Client

We would like to send a copy of the evaluation report to your child's pediatrician.

Pediatrician's Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

In order to give feedback about your child, we encourage you to provide us with the names of other professionals/people responsible for your child's care. Please list the professionals to which we may correspond:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_