Speech Language Specialists, Inc.

Licensed/Certified Speech Pathologists
Bridget H. Broussard, M.S., CCC-SLP
Angie B. Broussard, M.S., CCC-SLP
Jamie H. Cimo, M.ED., CCC-SLP

RELEASE FORM

Patient Name: _____DOB: _____

Street Address: _____ City/State: _____Zip: _____

This is to verify that SPEECH LANGUAGE SPECIALISTS, INC. has my permission to release reports and other important information to:

Name of Organization/Individual: _____

Address: _____ City: _____

State: _____Zip: _____ Phone: _____

This also gives the above named individual permission to release records or other information pertinent to the client, for purposes of treatment and/or diagnosis of communicative impairments.

Signature of Parent or Legal Guardian: _____Date: _____

Print Name of Person signing form: _____