



**Communication Sciences
and Disorders**
College of Education
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Department: 561-297-6074
Clinic: 561-297-4026

Client Parking Information

Client Name: _____

Parent/Guardian Name (if client is a minor): _____

Model of Car: _____

Color of Car: _____

License Plate Number: _____

Please bring this form filled out to your first session or email to Jbayne1@health.fau.edu prior to your first session.