

Communication Sciences and Disorders

College of Education P.O. Box 3091 777 Glades Road Boca Raton, FL 33431-0991

Department: 561-297-6074 Clinic: 561-297-2258 FAX: 561-297-2268

Communication Disorders Clinic - Release of Information Form

Communication Disorders Clinic - Release of Information Form	
	ne Communication Disorders Clinic of Florida Atlantic ecords, via written or electronic copy, of the
	n be mailed at your request. Please indicate below to whom be sent. (If an agency is sponsoring the evaluation, the tly to the agency.)
TO:	
I represent that I am eigh	teen (18) years of age or older.
,	
Date	Signature of Client
or Signature of Parent/Gua	ardian
Witness	_