Communication Disorders Clinic – Request for Information Form

Permission is granted to the Communication Disorders Clinic of Florida Atlantic University to obtain the records of the following client:

Name of Client:

One copy of the records on the above-named client should be mailed to the clinic at the following address:

Communication Disorders Clinic
Department of Communication Sciences & Disorders
Florida Atlantic University
777 Glades Road
P.O. Box 3091
Boca Raton, FL 33431-0091

Attn: Terry Clark, M.Ed., CCC-SLP
Director-Communication Disorders Clinic

Record(s) Requested:

I represent that I am eighteen (18) years of age or older.

Client/Parent/Guardian Signature:

_______________________________     Date: _______________________

Witness Signature:

_______________________________     Date: _______________________