

The Child Language Center

Authorization for Obtaining Information



I, the undersigned, do hereby authorize the University of Arizona Speech Language and Hearing Clinics, on behalf of The Child Language Center, to obtain information from any agency or individual, as stipulated below, including pictures, audio or video tapes, who is, or may be directly involved in the examination, treatment and/or recommendations concerning my child. I also understand that I have the right to revoke this authorization in writing at any time.

Today's Date: _____

Child's Name: _____ DOB: _____

Home address: _____
(street) (City, State, Zip)

Telephone: _____ email address: _____

Authorized by: _____ / _____
(printed) (signature)

Relationship to Child: _____

Address if different than child: _____

Witness: _____ / Date: _____

The individual or agency listed below is authorized to release the client/patient information to:

The Child Language Center
Wings on Words Toddler and Preschool Programs
202 E. Speedway
Tucson, AZ 85705

Table with 3 columns: Agency/Individual Name, Address, Type of Info to be released (e.g. evaluation/progress report, IEPs, etc). Rows 1-6.