



AUTHORIZATION TO RELEASE INFORMATION

Child's Name: _____ DOB: _____

I understand this release is voluntary and applies to all programs and services operated under the supervision of The Speech Tree.

I hereby authorize The Speech Tree to (check all that apply):

____ Exchange information with

____ Release information to

____ Obtain information from

The following Organization/Individual in regard to the above named child:

Name of Organization/Individual: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

I hereby authorize this information to be exchanged in the following manner(s):

____ Verbal only

____ Written form only

____ Both verbal and written communication

This information is to be used for diagnostic, treatment planning and continuity of care purposes only.

Parent/Guardian Printed Name Date

Parent/Guardian Signature

104 Interchange Plaza
Suite 103
Monroe, NJ 08831

23 Kilmer Drive
#1, Suites C and D
Morganville, NJ 07751

1000 Herrontown Road
Princeton, NJ
08540