



Release of Information

Child's Name _____ Birth Date _____

Address _____

Parent Name _____ Phone _____

I, _____, authorize Next Generation Therapy Services, Inc. to release information regarding my son/daughter's speech, language or reading therapy, including evaluation results, goals and progress.

I authorize release of information to:

Name _____

Pediatrician _____

School _____

Director _____

Audiologist _____

Other Professional _____

Insurance Company _____

I understand that I may cancel this release in writing at any time. Copies of this authorization shall be considered as valid as the original.

Name Printed _____ Date _____

(Parent or Legal Guardian)

Signed _____