Sacramento Scottish Rite Childhood Language Center
6151 H STREET, SACRAMENTO, CA 95819
PHONE: 916-731-4357
words@ssrlc.org

AUTHORIZATION FOR RELEASE OF INFORMATION

Dear Parent:

Please complete the authorization form by including the name(s) and phone number(s) of individuals and/or agencies with whom we may exchange information concerning your child. (i.e., Physician, Teacher, Speech and Language Therapist, etc.)

The form must be returned in order for the Sacramento Scottish Rite Childhood Language Center to process your child's file.

Authorization to release information:

Client's Name _____ Date Requested _____

Date of Birth _____ Date Received _____

I hereby authorize the exchange of diagnostic and/or therapy reports with:

	NAME	PHONE NUMBER
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Parent's Signature: _____ Today's Date _____