

ACCENT ON SPEECH
Silver Spring, MD

Authorization For Release
Of Confidential Information

Client Name:

Date of Birth:

Identifying Numbers:

Home Phone:

Work Phone:

Place of Employment/School:

Authorization Obtained by:

Release of Records Information:

In cases where it appears helpful to obtain outside records or to share Accent On Speech/_____ information with an employer because the information may facilitate service provision and/or allow for a comprehensive understanding of communication skills, enter the name of the record(s) or the type of information to be shared, and the agency/person who has the information. Explain that the client's signature authorizes Accent on Speech/ _____ to obtain the specified records and/or to share information with the specified sources.

Information Requested:

From

Sent

1.

2.

I, the undersigned, request and authorize the release of the above items:

Signature

Date