



Communication & Reading Therapies Inc.

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Speech-Language Pathologists

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RELEASE OF INFORMATION

Client's name:

I give my permission for Communication and Reading Therapies, Inc. to release information to and to receive information regarding previous assessments and/or treatment results from the following individuals/organizations:

Name

Address/Phone Number

Name

Address/Phone Number

Name

Address/Phone Number

Signature

Relationship to client

Date