Peninsula Associates
Speech, Language and Learning Services

www.paspeech.com

RELEASE OF INFORMATION

I authorize PENINSULA ASSOCIATES to exchange (receive and send) information regarding:

NAME: _____ ADDRESS: _____

BIRTHDATE: _____ _____

With the following agency and/or individual:

NAME: _____ ADDRESS: _____

PHONE: _____ _____

EMAIL: _____

SIGNATURE: _____ RELATIONSHIP_____ DATE_____

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