



Speech, Language and Learning Services

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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 _____

760 Polhemus Road
San Mateo, CA 94402
T (650) 349-8717 | F (650) 349-0350

120A Santa Margarita Avenue
Menlo Park, CA 94025
T (650) 324-0648 | F (650) 324-9880

550 Water Street, Suite F-1
Santa Cruz, CA 95060
T (831) 247-8126 | F (831) 426-0145



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