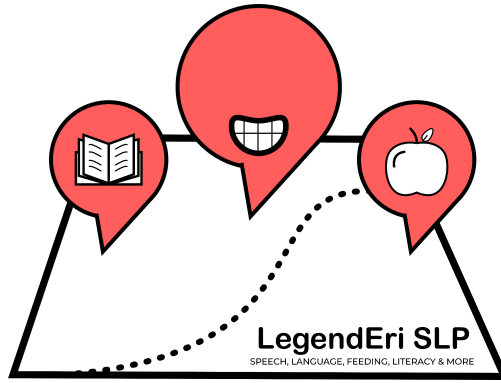




Eri Tina Theotokas-Siklas, MS, CCC-SLP, TSSLD-BE, CMT™

CONSENT OF INFORMATION

Authorization is hereby granted to the _____ to release information to *LegendEri SLP*
Name of school, physician, agency, individual

via e-mail at LegendEri.SLP@gmail.com for the following information pertaining to _____.
Name of client

TO BE RELEASED (check all that apply):

- _____ Evaluation Reports
- _____ Individualized Education Programs (IEPs)
- _____ Psychological Reports
- _____ Psychiatric Reports
- _____ Health and Medical Records/Information
- _____ Permanent Records (name, address, birth date, grade levels, grades, class standing, attendance, standardized achievement, ability, aptitude test scores, etc.)
- _____ School Observations, Functional Behavior Assessments (FBAs), Rating Scores
- _____ Verbal, Written, and/or Electronic Communication including completion of intake forms

Parent/Guardian Signature (for clients under 18-years of age)

Date (mm/dd/yyyy)

Client Signature (for clients 18-years of age or older)

Date (mm/dd/yyyy)