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Release of Information

I, _____, authorize SPEECH IN THE CITY LLC to release speech therapy records including ,
evaluations, progress notes, and any subsequent reports for my child, _____ to the
following parties. I also authorize verbal communication regarding my child's therapy at Speech in the City LLC.

Name: _____

Title: _____

Address: _____

Phone: _____

Fax: _____

Name: _____

Title: _____

Address: _____

Phone: _____

Fax: _____

Parent signature: _____

Date: _____