



4166-B Newton Drive N.E. • Covington, Georgia • 30014 • 770-788-1521 (Office) • 770-788-1522 (FAX)

CONFIDENTIAL

Request For Release of Personal Information

TO: _____

I hereby request and authorize you to release to Frankly Speaking SLP Services, Inc. the following medical, social, psychiatric, psychological or educational information you may have or may receive pertaining to myself or my child.

(This space is for the specific information to be released.)

Patient Name _____

Address _____

Date of Birth _____

Signature	Relationship	Date
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Mail record to: Frankly Speaking SLP Services, Inc.
4166-B Newton Drive N.E.
Covington, Georgia 30014
