



Eri Tina Theotokas-Siklas

MS, CCC-SLP, TSSLD, CMT™, Bilingual Extension

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)