

The Woolley Institute for Spoken Language Education (WISE)

Permission for the Release of Information Records

Child's Name: _____ Date of Birth: _____

Child's Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian's Name: _____

I, _____, give my permission for the Woolley Institute for Spoken Language Education to release information on my child. I know my permission is voluntary and at any time can be refused to any individual or agency.

The agency allowed to release information is:

The Woolley Institute for Spoken Language Education (WISE)

The information should be sent to:

Name: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

The following written, verbal or audio/video information may be released:

Speech/Language Testing/Reports

Staffing Reports, IEPs

Audiologic Reports

Parent/Guardian Signature

Date Signed