Beyond Words

a creative approach to pediatric speech and language therapy

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PERMISSION TO RELEASE INFORMATION

| Signature of Parent or Le | agal Guardian (if client is under 18) | Date |
|-----------------------------------|---|---------------------------|
| Client's Name | | Date of Birth |
| | | |
| pertinent to his/her speech and | language therapy. | |
| Client's Name | 's speech and language skills and a | any history that would be |
| Phone and/or Email | | |
| via | | regarding |
| Setting | | |
| of | | |
| give permission for Shelby Gitlir | n, M.S., CCC/SLP to contact Individual's Name | |
| | | |
| I, Parent/ Guardian Name | _, parent/guardian of Client's Name | |

