



PLEASE COMPLETE FORM A OR FORM B

FORM A

**REQUESTING INFORMATION**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

I \_\_\_\_\_, give permission for Texas Speech Pathways to  
(name of parent/guarantor)  
contact the following physician/organization: \_\_\_\_\_ for  
past or current records needed for treatment.

**Please check information to be released:**

- |                            |   |
|----------------------------|---|
| _____ Speech Evaluations   | _____ Information concerning progress                           |
| _____ Speech session notes | _____ Information concerning patients' behavior during sessions |

\_\_\_\_\_  
(SIGNATURE OF PARENT/GUARANTOR)

**RELEASING INFORMATION**

FORM B

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

I \_\_\_\_\_, give permission for Texas Speech Pathways to  
(name of parent/guarantor)  
release the following information to physician/organization: \_\_\_\_\_.

**Please check information to be released:**

- |                            |   |
|----------------------------|---|
| _____ Speech Evaluations   | _____ Information concerning progress                           |
| _____ Speech session notes | _____ Information concerning patients' behavior during sessions |

\_\_\_\_\_  
(SIGNATURE OF PARENT/GUARANTOR)