

Stark Speech Services, LLC

Maureen Zupp, M.A., CCC-SLP
Speech Language Pathologist

Jessica Norris, M.A., CCC-SLP
Speech Language Pathologist

Office Use Only	
ID	
Date	
Other	

CONSENT FOR RELEASE OF INFORMATION

As the parent/guardian of _____, I hereby consent for the release of
FULL NAME OF CHILD

information ____ TO and/or ____ FROM Stark Speech Services, LLC and its affiliates for the coordination of services for my child. Specifically, I consent for the following persons and/or entities to consult with Stark Speech Services, LLC, via all means of communication, regarding my child's status in the areas of:

____ COMMUNICATION

____ BEHAVIOR

____ HEALTH/MEDICAL

____ ACADEMICS

NAME(S) OF PERSONS/ENTITIES:

By signing below, I understand that this consent will remain effective for one year from the date of signing and that I may withdraw this consent at any time.

PARENT/GUARDIAN SIGNATURE

DATE