

MERCY COLLEGE
Speech and Hearing Center
Main Hall, Room G15
555 Broadway
Dobbs Ferry, New York 10522

Date _____

Client's name _____

To Whom It May Concern:

The signature at the bottom of this form will authorize:

to release to:

the following information/reports concerning the above-named client:

Thank you for your cooperation.
Sincerely,

Gloria Schlisselberg, Ph.D., CCC
Clinic Director

Print Name of Client or Parent/Legal Guardian

Signature of Client or Parent/Legal Guardian

Date