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RELEASE OF INFORMATION

CHILDS NAME: _____ D.O.B.: _____

PARENT/GUARDIAN: _____

PHONE: _____ EMAIL: _____

I hereby authorize the staff of IT'S MORE THAN SPEECH, LLC. to discuss my child's educational information with (school districts including homeschools, doctors, etc.), please list below:

IT'S MORE THAN SPEECH, LLC. agrees that the information discussed by the above parties will only be used to better support my child's educational services.

I understand that authorizing this disclosure of health & educational information is voluntary. I can refuse to sign this authorization. Signing this authorization assures informed services/treatment for my child. I understand I may inspect, discuss or obtain a copy of the information to be used or disclosed. I understand any disclosure of information carries with it the potential for an un-authorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my child's information, I can contact IT'S MORE THAN SPEECH, LLC. at (907) 290-9595.

PARENT SIGNATURE: _____ DATE: _____

If you are the Guardian, sign below and state relationship.

GUARDIAN: _____ DATE: _____

RELATIONSHIP: _____