



Consent to Exchange Information

Diana Allen, M.A., CCC-SLP
Speech-Language Pathologist
203-969-4030
diana.allen.speech@gmail.com

I give consent for Diana Allen, M.A., CCC-SLP to exchange information including but not limited to speech/language and hearing records, medical reports, academic information and program planning with the people listed below. Information may be shared through written reports, by phone or in person.

Child's name: _____

Teacher's name: _____

Teacher's name: _____

Teacher's name: _____

Parent's Signature: _____

Date: _____