

# RELEASE OF INFORMATION

## FLUENCY FRIDAY PLUS

I authorize \_\_\_\_\_ (Building/School District/Agency) to release the records of my child \_\_\_\_\_ (Name) to be used for assessment/treatment purposes for Fluency Friday Plus. My child has my permission to participate in the assessment/treatment sessions. I understand that graduate students from Miami University and the University of Cincinnati will be implementing this treatment under the supervision of licensed Speech-Language Pathologists. This covers release of records to include:

- speech and language evaluation
- Individualized Education Plan
- other reports as needed
- on site visit to the school/agency from the participating graduate students

Date: \_\_\_\_\_ Phone #: \_\_\_\_\_ home \_\_\_\_\_ work/// \_\_\_\_\_  
Signature of Parent/Legal Guardian

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Throughout the year, the Fluency Friday team conducts training sessions for students and professionals on diagnosis and treatment of stuttering. Occasionally, photos and videos of FFP activities are used in publications, training sessions or for promotion. In order to do so, we need the consent of the parent/legal guardian to publish/utilize photos or videos of the student. Please read and sign only ONE of the forms below.

I, being the parent/legal guardian of \_\_\_\_\_ (Student) do hereby consent to and give Fluency Friday Team the right to use photographs/videos.

Date: \_\_\_\_\_ Parent/Legal Guardian \_\_\_\_\_

\* \* \* \* \*

I, being the parent/legal guardian of \_\_\_\_\_ (Student) DO NOT want Photographs/videos used.

Date: \_\_\_\_\_ Parent/Legal Guardian \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Return to:  
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