

RELEASE OF INFORMATION
FLUENCY FRIDAY PLUS-09

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 Bowling Green State 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

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

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 for professional use.

Date: _____ Parent/Legal Guardian _____

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I, being the parent/legal guardian of _____ (Student) DO NOT want Photographs/videos used for professional use.

Date: _____ Parent/Legal Guardian _____

COMMENTS: _____

Return to:
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