RELEASE OF INFORMATION

FLUENCY FRIDAY-2017

I authorize ______________________________________ (School/Agency) to release the records of __________________________ (Child/Teen’s Name) to be used for assessment/treatment purposes for Fluency Friday. My child has my permission to participate in the assessment/treatment sessions. I understand that graduate students from 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 related to student

Signature of Parent/Legal Guardian________________________________________________________
Date: __________ Phone #: __________ Home __________ Work __________

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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 FF activities are used in publications, training sessions or for promotion of FF. 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 the 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 ______________________________

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**We need this form on file with the office.
Please e-mail this completed form with your name typed or electronically signed to Karen.rizzo@cchmc.org
Or mail it to: Linda Roedig, University of Cincinnati, French Hall East, 3202 Eden Ave., Cincinnati, Ohio 45267, Mail Location: 0379