



Heuser Hearing & Language Academy

111 East Kentucky Street  
Louisville, KY 40203  
(502) 636-2084 Phone  
(502) 636-9171 Fax

**AUTHORIZATION TO RELEASE INFORMATION**

I hereby authorize release of the records listed on my child, \_\_\_\_\_,  
from the Heuser Hearing & Language Academy to \_\_\_\_\_.

ADDRESS: \_\_\_\_\_

**Records authorized for release are:**

- |                              |                        |
|------------------------------|------------------------|
| _____ Psychological          | _____ Physical therapy |
| _____ Audiological           | _____ Vision           |
| _____ Educational            | _____ Medical          |
| _____ Language/Communication | _____ Immunization     |

Reason for request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand this release is voluntary.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
(Date)

(\* MUST BE LEGAL GUARDIAN

DATE Sent: \_\_\_\_\_