

Request for Release of Information

(from other to LU clinic)

Speech & Hearing Clinic Lamar University P.O. Box 10076 Beaumont, Texas, 77710

Releasing Agency:	
Address:	
I,	, authorize and request that you release to the Speech & Hearing
Clinic, Lamar University, Attn:	the following information [list specific
items] concerning	
birthdate:	
2), and cannot be disclosed withe When such records of the unders	re protected under the Federal Confidentiality Regulations (42CFR, Part out my signed consent unless otherwise provided for in the regulations. signed are released in accordance with the above-stated provisions, the n and its personnel shall be free from all civil and criminal liability.
(Signature of Client or Parent)	(Date)
(Signature of Witness)	(Date)
*********	**************
Date Requested:	Date Received: