



THE UNIVERSITY OF SOUTHERN MISSISSIPPI

DUBARD SCHOOL FOR LANGUAGE DISORDERS
SCHOOL OF SPEECH AND HEARING SCIENCES
118 College Drive #5215 | Hattiesburg, MS 39406-0001
Phone: 601.266.5223 | Fax: 601.266.6763 | www.usm.edu/dubard

CONSENT FOR RELEASE/REQUEST OF CONFIDENTIAL INFORMATION

I, , request and authorize The University of Southern Mississippi DuBard School for Language Disorders to release/request certain confidential information for

to/from:

(name)

(date of birth)

Indicate schools, professional, and/or physicians with whom information may be exchanged.

NAME:

ORGANIZATION:

NAME:

ORGANIZATION:

NAME:

ORGANIZATION:

Material to be released: All of the individual's medical and/or educational information maintained related to . (ex. Enrollment, evaluation, therapy, etc.)

(must be completed)

My signature indicates that I have read this form and/or have had it read to me. I know what information is to be disclosed and am aware of all consequences related to disclosure of the material.

I am able to revoke this consent (in writing) at any time. This consent form expires on one year from date unless revoked by me in writing prior to this date.

Form with two sections: 'If minor child:' and 'If adult:'. Each section contains fields for name, signature, and date.

