



4939 Lower Roswell Road • Building C • Suite 201 • Marietta, Georgia 30068 • (770) 578-1519

Authorization to Release Confidential Information

Client's Name _____

Date of Birth _____

Please Fax or Email Requested Information to the Address Below:

Records Are Requested From:

All Associates of Parkaire Consultants, Inc.
Sheryl K. Pruitt, M.Ed., ET/P Clinical Director
Name

All Associates of Parkaire Consultants, Inc.
Sheryl K. Pruitt, M.Ed., ET/P Clinical Director
Name

Parkaire Consultants, Inc.
Agency

Parkaire Consultants, Inc.
Agency

4939 Lower Roswell Rd., #201-C
Street

4939 Lower Roswell Rd., #201-C
Street

Marietta GA 30068
City State Zip

Marietta GA 30068
City State Zip

770-578-1519 770-578-0860
Phone Fax

770-578-1519 770-578-0860
Phone Fax

staff@parkaireconsultants.com
Email

staff@parkaireconsultants.com
Email

You are hereby authorized to release the following specified information which may include any available third party records:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Psychological Evaluations | <input checked="" type="checkbox"/> Medical Records |
| <input checked="" type="checkbox"/> Permanent Records/ Transcripts | <input checked="" type="checkbox"/> Psychiatric Evaluations |
| <input checked="" type="checkbox"/> Vocational Guidance Reports | <input checked="" type="checkbox"/> Psychoeducational Evaluations |
| <input checked="" type="checkbox"/> Speech and Language Evaluations | <input checked="" type="checkbox"/> Audiological Reports |
| <input checked="" type="checkbox"/> Occupational Therapy Evaluations | <input checked="" type="checkbox"/> Staffing Reports |
| <input checked="" type="checkbox"/> Physical Therapy Evaluations | <input type="checkbox"/> Other _____ |

I UNDERSTAND THAT THE GRANTING OF CONSENT FOR THE RELEASE OF RECORDS IS VOLUNTARY ON MY PART.

Client/Guardian Signature _____

Date _____

Print Name _____