



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

\_\_\_\_\_  
Name

Parkaire Consultants, Inc. \_\_\_\_\_  
Agency

\_\_\_\_\_  
Agency

4939 Lower Roswell Rd., #201-C \_\_\_\_\_  
Street

\_\_\_\_\_  
Street

Street

Marietta GA 30068 \_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

City State Zip

770-578-1519 770-578-0860 \_\_\_\_\_  
Phone Fax

\_\_\_\_\_  
Phone Fax

Phone Fax

[staff@parkaireconsultants.com](mailto:staff@parkaireconsultants.com) \_\_\_\_\_  
Email

\_\_\_\_\_  
Email

Email

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

\_\_\_ Psychological Evaluations

\_\_\_ Medical Records

\_\_\_ Permanent Records/ Transcripts

\_\_\_ Psychiatric Evaluations

\_\_\_ Vocational Guidance Reports

\_\_\_ Psychoeducational Evaluations

\_\_\_ Speech and Language Evaluations

\_\_\_ Audiological Reports

\_\_\_ Occupational Therapy Evaluations

\_\_\_ Staffing Reports

\_\_\_ Physical Therapy Evaluations

\_\_\_ Other \_\_\_\_\_

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

\_\_\_\_\_  
Client/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name