



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/From the Address Below:

Records Are Requested To/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 _____

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 _____

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 _____