



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

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

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Street

Marietta GA 30068
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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 _____