



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

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

_____ Phone Fax

staff@parkaireconsultants.com
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 _____