

University of Vermont

ELEANOR M. LUSE CENTER  
FOR COMMUNICATION: SPEECH, LANGUAGE, AND HEARING

Request for Report Distribution

If you would like us to send copies of reports to agencies or professional persons, please list below, including: full names and complete mailing addresses. Thank you.

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Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to client (if applicable): \_\_\_\_\_

Signature of Client (or parent/guardian): \_\_\_\_\_

Speech-Language Path./Student Clinician-Signature: \_\_\_\_\_ Date: \_\_\_\_\_