



The UNIVERSITY of VERMONT

COLLEGE OF ARTS AND SCIENCES, COMMUNICATION SCIENCES
ELEANOR M. LUSE CENTER FOR COMMUNICATION: SPEECH, LANGUAGE, AND HEARING

PERMISSION TO RELEASE INFORMATION TO THE
E.M. LUSE CENTER

Date: _____

I _____ give permission for the E.M.
(client/guardian-please print)

Luse Center to communicate with individuals at the

(Name of organization/professional)

that have worked with _____ . I also give
(client's name-print)

these organizations/individuals permission to send evaluation(s)

and progress reports to the E.M. Luse Center at the University of

Vermont.

This permission is effective until _____
(month, day, year)

Signed by: _____
(Client/Parent/Guardian signature)

Date: _____