



Southern Connecticut  
State University

501 Crescent Street  
New Haven, CT 06515 -1355



**CENTER FOR COMMUNICATION DISORDERS**  
**(203) 392-5955**                      **Davis Hall B-012**

DATE:

RE:

DATE OF BIRTH:

ADDRESS:

PARENT /GUARDIAN:

I hereby authorize release of medical, academic, audiological, speech & language, psychological, and social service reports **to/from** (circle one) the Center for Communication Disorders at Southern Connecticut State University **to/from** (circle one):

1) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE:

Relationship to client: \_\_\_\_\_

PLEASE MAIL TO: Kevin M. McNamara, M.A., CCC-SLP  
Director, Center for Communication Disorders  
SCSU, Davis Hall, B-012  
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