



Lydia H. Soifer, Ph.D.

Pediatric Language and Literacy Specialist
Educational Program Consultant

Release of Information Form

I hereby authorize Lydia H. Soifer, Ph.D. to release/receive and/or communicate information for:

Child's Name: _____ D/O/B: _____

To/from the persons or institutions indicated below:

Teachers:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Physicians:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Other:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Parent / Guardian's Signature:

Parent / Guardian's Signature:

Date of Signature _____