



Fremantle Speech
Pathology Services

Release of Information Form

I _____ give Fremantle Speech Pathology Services
permission to access information about _____ from the
following agencies.....

Please tick relevant boxes.

- Psychologist
- Teacher
- Principal
- Doctor
- Audiologist
- Occupational therapist
- Physiotherapist
- Specialist
- Other _____

This information will be used for the purpose of assessment and therapy
only.

Signed: _____

Date: _____