

**California State University, Fresno  
Speech, Language and Hearing Clinic**

5310 North Campus Drive M/S PH 80  
Fresno, California 93740-8019  
(559) 278-2422 ♦ Fax (559) 278-5187

**RELEASE OF CLINICAL INFORMATION TO THE  
SPEECH, LANGUAGE, AND HEARING CLINIC**

Today's Date: \_\_\_\_\_

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

**Release of information from:**

Facility/Person Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

FAX Number: \_\_\_\_\_

You have permission from \_\_\_\_\_ to provide the Language,  
Speech, and Hearing Clinic at California State University, Fresno, with copies of all  
records pertaining to medical history and diagnostic services rendered or treatment  
given to \_\_\_\_\_ from the dates of \_\_\_\_\_ to  
\_\_\_\_\_. Released information regarding the above named person is for the  
purpose of determining the most appropriate treatment for him/her. These records  
will be released only to authorized personnel in the clinic, including faculty  
members, clinic staff, licensed supervisors, and student clinicians. This release is  
considered valid for one year from the date it is signed below.

\_\_\_\_\_  
Parent/Guardian/Self (18 or older)

\_\_\_\_\_  
Date