

INSL LLC Release Form

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RELEASE OF INFORMATION

Authorization is given to the INSL LLC, Learning, Language and Behavior Clinic to obtain and/or to share information concerning:

Name: _____ Date: _____

Address: _____ DOB: _____

City, State, Zip: _____

With the following persons or agencies:

1. Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

2. Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

3. Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Inclusive Dates: _____

Signed: _____ Date: _____

Relationship to Client: _____