



American Board of Fluency and Fluency Disorders

Authorization for Release of Information

Date: _____

I, _____, authorize _____
Client's Name Speech-Language Pathologist

Address City, State Phone

to release evaluation and treatment information/reports and three 5-7 minute video clips to the American Board of Fluency and Fluency Disorders. The purpose for this request is to provide a sample of clinical work as part of a submitted Portfolio for the process of obtaining Board Certification in Fluency and Fluency Disorders. I understand that my and/or my child's name will not appear on these reports; only initials are used in order to maintain confidentiality.

Date Signature / Parent or Guardian if under 18 Relationship to Client

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