Sharon Sokolik & Associates
Certified Speech Language Pathologists
Providing Educational Advocacy - Promoting Communication Competency

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Permission to Exchange Information

I hereby give representatives of Sharon E. Sokolik and Associates, LLC permission to discuss my / or my child's speech-language, psycho-educational evaluation and overall needs with the following professionals:

Professional 1

Contact Name: ______________________ Professional Role: _________________

Contact Number: _____________________ Contact Email: ____________________

Professional 2

Contact Name: ______________________ Professional Role: _________________

Contact Number: _____________________ Contact Email: ____________________

Professional 3

Contact Name: ______________________ Professional Role: _________________

Contact Number: _____________________ Contact Email: ____________________

Signature:_____________________________ **Date:** _________________