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:

Client Name: _____

Date of Birth: _____

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: _____

Name of Responsible Party: _____

Signature:_____ **Date:** _____