



Core4 Therapy Group
Speech-Language Pathology Services
120 Kentucky Avenue, Suite 110
Lexington, Kentucky 40502
859 225-5424

Authorization To Release Information Form

I understand by signing this agreement that I am giving Core4 Therapy Group permission to send: _____'s information to: Name/School/Facility_____

Signed _____

Relationship to client _____

Date signed _____