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**Authorization for Release of Information**

\*\*Form to be filled out by the **candidate’s student clinician**

Date: \_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Clinician’s Name Supervisor’s Name (Portfolio candidate)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address City, State Phone

To release evaluation and treatment information, reports and/or videos that I have been a part of to the American Board of Fluency and Fluency Disorders. The purpose for this request is to provide a sample of their supervisory work as a part of a submitted portfolio for the process of obtaining Board Certification in Fluency and Fluency Disorders. I understand that my name will not appear on these reports; only initials are used in order to maintain confidentiality.

Signature: Date:

Printed Name:

Please complete this letter within 30 days and mail to: