

INDIANA UNIVERSITY  
Robert L. Milisen Speech-Language & Hearing Clinics  
Department of Speech and Hearing Sciences  
200 S. Jordan Avenue  
Bloomington, IN 47405-7002  
Phone: (812) 855-6251  
Fax: (812) 855-5561

**PERMISSION TO EXCHANGE INFORMATION**

Name of student: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**EXCHANGE OF INFORMATION**

I \_\_\_\_\_ hereby authorize the Robert L. Milisen Speech-Language & Hearing Clinics to exchange information (send and receive) with the following professionals or agencies.

\_\_\_\_\_

Professional or Agency

\_\_\_\_\_

Address

*Information to be exchanged* may include medical records, progress reports, speech-language pathology reports, psychological reports, academic records, IEPs or IFSPs, hearing specialist records, and other information from school personnel such as teachers and aides.

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

Relationship to the child: \_\_\_\_\_