

2 Bachelor Hall  
Oxford, OH 45056

**MIAMI UNIVERSITY**  
**SPEECH AND HEARING CLINIC**  
Fed ID #31-6402089

513-529-2500 Phone  
513-529-2502 Fax

**RELEASE OF CLINIC INFORMATION**  
(For Specific Request)

In order to maintain the highest degree of clinic confidentiality the Miami University Speech and Hearing Clinic requires a signed release form for information that is requested to be released to other sources which did not originate in this agency.

I hereby grant permission for release of test results/therapy information for:

\_\_\_\_\_ obtained on \_\_\_\_\_

Please send the report to:

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

Zip Code \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)