



Legal Release and Request for Admission

Admission of _____ to the Lamar University Speech & Language Clinic is requested for evaluation, habilitation/rehabilitation and other services as may be rendered to the patient and/or his or her family. I understand that, consistent with the mission of the Department of Speech and Hearing Sciences, services are frequently provided by clinical teams. Each team is composed of a clinic faculty member, student clinician(s) and such other consultative faculty (University Professor(s)) as may be indicated. All clinic faculty members hold a Texas License and a Certificate of Clinical Competence in Speech-Language Pathology and/or Audiology awarded by the American Speech-Language-Hearing Association and are directly responsible for patient care and supervision. I further understand that said services may be observed for educational and/or research purposes by visual and/or electronic means. Confidentiality of information will be honored.

Permission to Use Audio/Video Tapes for Educational and/or Research Purposes

Authorization is granted _____/ not granted _____ to the Lamar University Department of Speech and Hearing Sciences to use audio/video tapes of _____ for educational and/or research purposes.

This form will remain in effect until written notification is received.

Date: Signature of patient, parent, legal guardian:

Address: _____

Relationship to above named person