



Speech, Language and Learning Services

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RELEASE OF INFORMATION

I authorize PENINSULA ASSOCIATES to exchange (receive and send) information regarding:

NAME: _____ ADDRESS: _____
BIRTHDATE: _____

With the following agency and/or individual:

NAME: _____ ADDRESS: _____
PHONE: _____
EMAIL: _____

SIGNATURE: _____ RELATIONSHIP: _____ DATE: _____

120A Santa Margarita
Menlo Park, CA 94025
(650) 324-0648

760 Polhemus Rd.
San Mateo, CA 94402
(650) 349-8717

550 Water St. Ste. F-1
Santa Cruz, CA 95060
(831) 247-8126



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