Permission is hereby granted:

1. For the Rowan University Reading Clinic, to send diagnostic and therapeutic information to the school district, clinic or other educational center in which

   __________________________________________________________________________
   (child's name)

   __________________________________________________________________________
   (date) (Parent's signature)

2. To Rowan University Reading Clinic, to request that the school district, clinic, or other educational center in which

   __________________________________________________________________________
   (child's name)

   is currently enrolled send educational and other evaluative information.

   __________________________________________________________________________
   (date) (Parent's signature)

3. Rowan University Reading Clinic is a teaching and research facility. I understand that information for __________________________________________________________________________ from clinic

   (child's name)

   files and tutoring sessions may be used for research purposes. Anonymity is assured.

   __________________________________________________________________________
   (date) (Parent's signature)