Scottish Rite Childhood Language Center
4202 Hermitage Road
Richmond, VA 23227-3755

Website: www.srclc.org
Email: srclc@srclc.org
Telephone: (804) 266-6699
Fax: (804) 264-5988

President
Claude A. Bass, Jr.

Vice President
Douglas V. Jones

Secretary
Robert W. Carpenter, Jr.

Treasurer
Mack T. Ruffin, III

Board Members
Brian Adams
James H. Atkinson, Jr.
Nelson M. Bryant
Robert C. Dillard
Samuel E. Dunn
Daniel L. Freye
Richard C. Kidd
Thomas O. Layman, DDS
Linwood R. Spears
Joseph A. Towler
Clarence E. Whitley (Emeritus)
Clifford C. Grotz, Jr. (Emeritus)
Percy Wootton, M.D. (Emeritus)
Venerable Master, Ex Officio

AUTHORIZATION FOR MEDIA RELEASE

Preferred release for the purpose of treatment:
I certify that I am a legal guardian of ___________________
and I authorize the Scottish Rite Childhood Language Center to:

_____ audio/video tape evaluation/therapy sessions of my child for the purposes of data collection and review. This information may not be used for any other purpose without my expressed written consent.

<u>Optional releases:</u>

_____ photograph my child during evaluation/treatment sessions.
I understand these photographs may be used to promote the Scottish Rite Childhood Language Center as a non-profit children's charity. These photographs may be used at the discretion of the Scottish Rite Childhood Language Center for such intended purposes, including but not limited to newsletters, publications and fund raising activities.

_____ allow Speech-Language Pathology/Audiology students to observe my child during evaluation/treatment sessions. I understand this is for the purpose of educational training, and is a required component of their curriculum.

_____ allow potential contributors to observe my child during evaluation/therapy sessions. I understand this is done to increase awareness and support of speech and hearing disorders, and to promote the work of the Scottish Rite Childhood Language Center.

The Scottish Rite Childhood Language Center will not condition my child's treatment or enrollment in the program on whether I provide authorization for the requested use or disclosure.

_______________________________________ ________
Signature of Legal Guardian **Date**

_______________________________________ ________
Witnessed by **Date**

Revised 01.09.2020