



The Gord Ewin Centre for Education

275 Loach's Road

Sudbury, Ontario P3E 2P8

Phone: (705) 523-3308 Fax: (705) 523-3314

Sudbury Espanola Manitoulin

I, _____
Name of Parent printed in full

of _____
Address printed in full

hereby consent to the disclosure or transmittal to or the examination by

Itinerant Teacher of the Deaf/ hard of hearing
of the clinical record compiled in _____

Name of Audiology Clinic
in respect of _____
Name of Student and Date of Birth

Signature of Parent

(State relationship if other than parent)

Witness

Date

Form is valid for 1 year from this date.