



# Sharon E. Sokolik and Associates, LLC

Providing Educational Advocacy-Promoting Communication Competency

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## Permission to Exchange Information Form 2019-2020

I hereby give representatives of Sharon E. Sokolik and Associates, LLC permission to discuss my child's speech-language, psycho-educational evaluation and overall needs with the following people: (please include names and contact information):

Contact Person	Title	Number	Email

Child's Name	
Parent's Signature	
Parent's Name Printed	
Parent's Home/Cell	
Parent's Email	
Date Signed	

Please return this page to Sharon Sokolik.