



**RSLA RELEASE OF INFORMATION FORM FOR SHARING
SIGN LANGUAGE PROFICIENCY INTERVIEW (SLPI) RESULTS**

I authorize RRCD Sign Language Assessment at Western Oregon University to disclose my SLPI results with the following individuals/groups (please include email address).

1.

2.

3.

4.

I understand that:

1. This authorization to release information will remain in effect until I revoke it in writing
2. This content does not permit the recipients to authorize the release of my information to a third party
3. This is a standing consent and will not result in a release of information unless requested by the recipients listed above.

My signature below is my permission for RSLA to share my SLPI results as requested above.

Candidate Signature

Printed Name

Date

Please return this form to RSLA