

California State University, Fresno
Speech, Language and Hearing Clinic
5310 North Campus Drive, M/S PH80
Fresno CA 93740-8019
(559) 278-2422 – Fax (559) 278-5187

Parent/Guardian Transportation Authorization Form

Client Name

Semester

The following individuals have permission to pick up my child from the CSU, Fresno Speech, Language, and Hearing Clinic each. I understand that these individuals will be required to show identification in order to pick up my child and that my child must be picked up from clinic on time each day.

1. _____
Print name Relationship Contact number

2. _____
Print name Relationship Contact number

3. _____
Print name Relationship Contact number

4. _____
Print name Relationship Contact number

5. _____
Print name Relationship Contact number

Parent/Guardian (print Name)

Date

Parent/Guardian Signature