



Authorization for Release of Information

Name:	Date of Birth:
Address:	Student Phone Number:
City, State, Zip:	Student ID#:

I authorize the University Counseling Center to release information to:

AND/OR

I authorize the University Counseling Center to obtain information from:

<i>Name of Provider or Facility:</i>	<i>Name of Provider or Facility:</i>
<i>Address:</i>	<i>Address:</i>
<i>City, State, Zip Code:</i>	<i>City, State, Zip Code:</i>
<i>Phone#/Fax#:</i>	<i>Phone#/Fax#:</i>

PURPOSE OF THIS REQUEST (check one): Healthcare Consultation Insurance Personal Academics Other

TYPE OF INFORMATION AUTHORIZED: Psychiatric / Psychological Evaluation and/or Treatment
 Drug / Alcohol Evaluation and/or Treatment
 Medical Evaluation and/or Treatment

SPECIFIC INFORMATION AUTHORIZED (select one or more as appropriate):

- Assessments
- Discharge Summary
- Medication Records
- Verbal Contact
- Diagnostic Impression
- Treatment Recommendations
- Lab Test Results
- Other _____
- Treatment Summary
- Verification of Attendance

TYPE OF DISCLOSURE:

One-time Use/Disclosure: I authorize the one-time use or disclosure of the information described above to the person / provider / organization / facility / program(s) identified.

My authorization will expire:

- when the requested information has been sent / received.
- 90 days from this date.
- Other: _____

Periodic Use/Disclosure: I authorize the periodic use/disclosure of the information described above to the person / provider / organization / facility / program(s) identified.

My authorization will expire:

- at the end of the current academic year.
- Other: _____

I understand that:

- I do not have to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment.
- I may cancel this authorization at any time by submitting a *written* notification to the University Counseling Center, except where a disclosure has already been made in reliance on my prior authorization.

Signature of Student: _____ Date: _____

Student was offered a copy of this authorization and it was: Declined Accepted

Staff member signature: _____