



Counseling Center
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Norfolk, Virginia 23504
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AUTHORIZATION TO RELEASE INFORMATION FORM

NAME: _____ Student ID#: _____ Date of Birth: _____

I, the undersigned, hereby authorize Norfolk State University Counseling Center to release and receive information concerning the above-named person to/from:

(Name of Person or Institution)

(Address)

(Telephone Number)

Specific type of information to be disclosed/exchanged:

- | | |
|--|--|
| <input type="checkbox"/> Assessment | <input type="checkbox"/> Testing reports |
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Recommendations |
| <input type="checkbox"/> Treatment Progress | <input type="checkbox"/> Psychological Records |
| <input type="checkbox"/> Drug/Alcohol Issues | <input type="checkbox"/> All of the above |
| <input type="checkbox"/> Treatment Summary | <input type="checkbox"/> Other _____ |

I understand that the information is to be used for:

- | | |
|---|--|
| <input type="checkbox"/> Academic Considerations | <input type="checkbox"/> Family involvement |
| <input type="checkbox"/> Aftercare planning | <input type="checkbox"/> Continuity of Treatment |
| <input type="checkbox"/> Contact with Referral Source | <input type="checkbox"/> Other _____ |

As the person signing this consent, I understand that I am giving my permission to the above-named provider or other named third party for disclosure to and from of confidential counseling and other confidential records. These records may be released via fax machine, secure email, written correspondence, telephone, or in person communication. I also understand that I have the right to revoke this consent, but that my revocation is not effective until delivered in writing to the person or agency who is in possession of my records. This consent and a notation concerning the persons or agencies to who disclosure was made shall be included with my original records. The person or agency that receives the records to which this consent pertains may only disclose them for the same purpose(s) that they were initially disclosed or as otherwise permitted by law.

This release expires in 12 months unless another date is specified: _____

Client Name (Print): _____

Signature: _____ **Date:** _____

Witness Name (Print): _____

Signature: _____ **Date:** _____