FRESNO STATE
Student Health and Counseling Center
5044 N. Barton Ave. MS HC81 • Fresno, CA 93740
Phone: 559.278.2734 • Fax: 559.278.7602

CONSENT FOR RELEASE OF INFORMATION

Permission is hereby given to: _____ / Counseling and Psychological Services to:

_____ Obtain Information from: Student's Initials

_____ Provide Information to: Student's Initials

_____

_____

_____

_____

Regarding:

Place student identification here:

Specific information to be obtained or released:

Written/verbal communication to facilitate treatment, to coordinate services, or in the event of a crisis or emergency; also, to leave messages for client when client cannot be reached at usual phone number.

I hereby authorize the persons or agencies named above to release the information described above. I also understand that I have the right to cancel my permission to release information at any time before it is released and that this signed consent will expire on the date given below.

_____
Signature

_____
Signature of Witness

_____
Print Name

_____
Signature of Parent if Minor

_____
Date

_____
Expiration Date