

Form 1

**RELEASE OF INFORMATION
FROM GETTYSBURG COLLEGE COUNSELING SERVICES
TO ACADEMIC ADVISING & COLLEGE LIFE**

Date: _____ Date of Birth: _____

This is to certify that I, _____ (Name of Student),
give full permission to Gettysburg College's Counseling Services professional staff to
release the following information to those individuals listed below.

INFORMATION:

Recommendations pertaining to my readiness to return to Gettysburg College

OFFICES/INDIVIDUALS TO BE GIVEN ABOVE INFORMATION

ACADEMIC ADVISING, as needed
COLLEGE LIFE, as needed

This release is effective for one (1) year unless an exception is noted here:

Permission can be revoked by me at *anytime* I choose, by providing
notice of the revocation in writing, except to the extent that the
person who is to make the disclosure or the person receiving
information has already acted upon it.

SIGNATURE OF STUDENT: _____