Gettysburg COLLEGE

Counseling Services
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Form 2

RELEASE OF INFORMATION FROM GETTYSBURG COLLEGE COUNSELING SERVICES TO HOME HEALTHCARE PROVIDER

Date: _____ Date of Birth: _____

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

INFORMATION:

All relevant information.

INDIVIDUALS TO BE GIVEN ABOVE INFORMATION (Please list name and address, telephone and fax numbers of your home health care provider):

_____

_____

_____

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: _____

Updated: Summer 2016