



Counseling Services
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RELEASE OF INFORMATION

FROM: GETTYSBURG COLLEGE COUNSELING SERVICES

Date: _____ Date of Birth: _____

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

INFORMATION: (Summary, recommendations, clinical findings, dates of visits, other)

INDIVIDUALS TO BE GIVEN ABOVE INFORMATION:

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 _____