



Counseling Services
 300 North Washington Street
 College Union Building
 Campus Box 424
 Gettysburg, Pennsylvania 17325 -1400

717.337.6960
 www.gettysburg.edu

RELEASE OF INFORMATION

TO: GETTYSBURG COLLEGE COUNSELING SERVICES

This is to certify that I, _____ give full
 (Student's Name) (Date of Birth)

permission to _____
 (Provider's Name) (Phone or Fax Number)

 (Provider's Address)

to release the following information to Gettysburg College Counseling Services.

INFORMATION REQUESTED: (Diagnosis, lab work, clinical findings, dates of visits/stay, etc.)

INFORMATION TO BE RELEASED TO:

Attention: _____
Gettysburg College Counseling Services
250 W. Broadway, Campus Box 424
Gettysburg, PA 17325
Tel. 717-337-6960 Fax: 717-337-6978

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.

 Student's Signature (Date)