RELEASE OF INFORMATION

I, _____, hereby voluntarily authorize:

Cal Poly Health and Counseling Services
Building 27, San Luis Obispo, CA 93407
Phone: (805) 756-2511 FAX: (805) 756-6525

To verbally discuss with:
(Student must initial)

_____ University Housing

_____ Cal Poly University Police Dept.

_____ Cal Poly Dean of Students

_____ Cal Poly Vice President for Student Affairs

_____ Cal Poly Office of Student Rights and Responsibilities

_____ Other _____

_____

information regarding:

(Name)_____

(UID#)_____

(Address)_____

(City/State)_____

(Telephone)_____

This release is for the purpose of:

_____

By signing this document, I voluntarily consent to allowing Health and Counseling Services to verbally discuss information regarding my contact with its staff. This request is entirely voluntary on my part. I understand that I may take back this consent at any time. I understand that the information used or disclosed under this authorization may be subject to re-disclosure by the recipient. This consent will expire automatically after one year from the date on which it is signed, or upon fulfillment of the purposes stated above, whichever comes first.

This release of information is valid for information transfer for one (1) year or until _____ (date), whichever occurs first.

_____ _____ _____
Signature of Student Printed Name Date

_____ _____ _____ _____
Signature of Parent/Guardian/ Representative (for minors under 18 only) Printed Name Relationship Date