California State University
SAN MARCOS

Student Health & Counseling Services California State University San Marcos 333 S. Twin Oaks Valley Road San Marcos, CA 92096-0001
Tel: 760.750.4915 **Fax:** 760.750.3181 shcs@csusm.edu www.csusm.edu/shcs

AUTHORIZATION TO RELEASE INFORMATION

I, _____, Student ID: _____, D.O.B._____
(print name)
authorize my counselor(s) at Student Health & Counseling Services at California State University San Marcos to exchange information with:

_____ _____
Name Title/Position

_____ _____
Agency Street Address

_____ -_____
City, State & Zip Phone # Fax#

The following may be ☐ released and/or ☐ requested:

- Dates/verification of services ☐ Yes ☐ No
- Case summary ☐ Yes ☐ No
- Psychological test results ☐ Yes ☐ No
- Psychiatric evaluation results ☐ Yes ☐ No
- Medical records ☐ Yes ☐ No
- Other:_____ ☐ Yes ☐ No

For the purposes of:

- Assessment/evaluation ☐ Yes ☐ No
- Treatment planning ☐ Yes ☐ No
- Referral ☐ Yes ☐ No
- Consultation pertaining to academic-related concerns ☐ Yes ☐ No
- Other:_____ ☐ Yes ☐ No

I understand that Counseling and Psychological Services is released from legal liability arising from this exchange of information. This authorization shall remain valid until _____/_____/_____ (maximum of six months).

_____ _____ _____
Client's Signature Date Phone Number

_____ _____
Parents'/Guardians' Signatures (if applicable) Date

_____ _____
Authorized Staff Member's Signature Date

8/14