Mount Aloysius College
Counseling & Disability Services

Release of Information Authorization

Client's Name:_________________ Date of Birth:____________ Student Id:_____________

I herby authorize Mount Aloysius College: Office of Counseling and Disabilities Services to:

☐Obtain from/ ☐ Release to: ____
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The following medical and/or psychiatric information:

☐ Academic Testing Results	☐ Psychological Reports
☐ Behavior Programs	☐ Psychological Testing Results
☐ Case Notes	☐ Service Plans
☐ Intelligence Testing	☐Summery Reports
☐ Medical Reports	☐ Vocational Testing Reports
☐ Personality Profiles	☐ Entire Record
☐ Progress Notes	☐ Other (please specify) ________________________ ________________________

These records are required for the specific purpose of:____________________________

- I designate this release is in effect for a limited number of days____(note: do not exceed 365 days)
- I have read and fully understand the above statements as they apply to me. I consent to release of records and/or information to the purpose(s) as stated above.
- I have been offered a copy of this form. ☐Client accepted copy ☐Client refused copy
- I understand that I have a right to inspect the materials to be released.

______________________________ Client's Signature	______________________________ Witness
______________________________ Signature of Responsible Party (where applicable)	______________________________ Relationship to Client
______________________________ Date	______________________________ Date

A copy of this Authorization shall be deemed valid as original. This Authorization must be signed and dated.

PROHIBITION OF REDISCLOSURE: The information has been disclosed to you from records whose confidentiality is protected by State and Federal Law. Regulations prohibit you from making any further disclosures of this information except with the specific written consent of the individual to whom it pertains or as otherwise permitted by such regulations. A general release of medical or other information is NOT sufficient for this purpose.

Counseling & Disabilities Services: Mount Aloysius College (814)886-6515 Fax: (814)866-2978