University Health & Counseling Services
10900 Euclid Ave.
Cleveland, Ohio 44106-7046
Health Services: Phone 216-368-2450 Fax 216-368-8530
Counseling Services: Phone 216-368-5872 Fax 216-368-1972

Information Release Form

Name: ____ ____________________
Last First MI Date of Birth

Address: ____ **Phone:** ____________________

____ **Network ID:** ____________________

University Status: ☐Enrolled Student ☐Alumni/Former Student ☐Employee

I hereby give permission to the University Health & Counseling Services to:
☐Release information to:
☐Obtain information from:

Check appropriate box and specify below; use multiple forms for each request/recipient:
☐ University / Institute Office or Staff ☐ Family / Relative / Partner ☐Healthcare Provider or Facility ☐ Self / Other

____
Name

____
Address City State Zip

____
Phone Fax email

INFORMATION REQUESTED:

- ☐ Treatment Summary
- ☐ Treatment Dates / Verification of Appointments
- ☐ Psychological Assessment Summary
- ☐ Psychiatry / Medication Summary
- ☐ Immunization
- ☐ Lab/X-Ray Reports
- ☐ Recommendations
- ☐ Permission to observe/participate in session

☐ **Other** ____

I understand and authorize University Health & Counseling Services to release health information as indicated/described above. I understand and acknowledge that the requested health information may contain information regarding physical and mental illness, HIV test results or diagnosis, treatment of AIDS/AIDS-related conditions, and/or alcohol/drug abuse.

FOR THE PURPOSE OF: ____

This authorization is valid from: ________, 20__, until _________, 20__, or one (1) year from the date of the authorized signature below, whichever occurs first. I (or my legal representative) can revoke this authorization at any time through written notice. Any revocation will not apply to information that has already been released in response to this authorization.

Authorizing Signature: ______________________________________ Date: ____________________

If you are a student enrolled at Case Western Reserve University, your records maintained in the University Health & Counseling Services are protected under FERPA. For more information, see the University Registrar's website. UH&CS upholds applicable federal and state laws and professional ethical guidelines.

Rev 9.17