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# AUTHORIZATION FOR RELEASE OF INFORMATION

Office of Student Judicial Affairs

MSR Building - Suite 340

Turlock, CA 95382

(209) 667-3177

<http://www.csustan.edu/judicialaffairs/>

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Student's Name:

Date:

Date of Appointment with Counseling Services:

The purpose of this referral is to provide the student named above either mandatory assessment or voluntary contact with Counseling Services. If the student named above does make contact and utilize Counseling Services, this form serves as a release allowing Counseling Services to report that the contact or mandatory assessment took place. No specific information about the discussions that take place during the meeting(s) between the student and Counseling Services will be exchanged.

I, \_\_\_\_\_ agree to release information from the counselor named below to the Judicial Affairs Officer, to indicate my attendance at the meeting(s) described above. I understand that no additional information about the contents of the meeting will be exchanged.

STUDENT:

\_\_\_\_\_

PRINT NAME

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

DATE

This student met with the undersigned counselor on \_\_\_\_\_ date(s).

COUNSELOR:

\_\_\_\_\_

PRINT NAME

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

DATE