



CALIFORNIA STATE UNIVERSITY, STANISLAUS

SOCIAL WORK

Consent for Release of Information

I authorize the Social Work Department @ CSU Stanislaus (including the Director, Field Coordinator, and the Field Liaison) to disclose to _____ (name of agency) the following information:

This consent is effective until _____ (date). I understand that I may revoke this consent at any time, except to the extent that action has been taken in reliance upon it.

I release from liability any and all individuals and organizations who provide this information in good faith and without malice, and I hereby consent to the release of this information.

I hereby hold harmless all CSU Stanislaus social work faculty, the CSU Stanislaus Social Work Department and CSU Stanislaus from and against any and all claims resulting from the release of the information listed on this document.

Signature

Date

Name (Print)