

RELEASE OF INFORMATION

Today's Date _____

I, _____ authorize and request Rice University Counseling Center to release and/or receive pertinent information about my psychological/psychiatric history and findings, which may include educational and other information known by the Center, for the purpose(s) of _____

The information will be released to/from the following person(s):

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE NUMBER</u>
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You may revoke your consent at any time unless action has already been taken on it.
This consent will expire without your express revocation on the date or condition listed below:

I release Rice University and its staff from all legal responsibility or liability that may arise from this authorization.

CLIENT _____
Signature and Date

WITNESS _____
Signature and Date