



## Umpqua Community College Counseling Release of Information

I \_\_\_\_\_  
*Printed Student Name, Date of Birth & Student ID number*

Authorize the release and exchange of information and records regarding services provided at UCC including but not limited to, personal counseling, crisis counseling and case management, to the following campus departments, outside agencies or individuals. UCC Life Coach/Counseling staff are authorized to communicate with the following entities or individuals, for the purposes of coordination and continuity of care (check your selections below):

- Accessibility Services
- Transfer Opportunity Program
- Financial Aid
- Registration and Admissions
- Instructor/s \_\_\_\_\_
- Student Center Tutoring & Academic Coaching
- Other Campus Department \_\_\_\_\_
- Outside Campus Organization or Individual \_\_\_\_\_

**Information to be disclosed:**

- Verbal communication only
- Release of Written Notes including assessments, plans or progress notes
- Other \_\_\_\_\_

**This permission is good for one year or until the following date:**

\_\_\_\_\_

It is understood that information specified above will not be released to any third party agency or individual without my knowledge and consent. The confidentiality of this information is protected by law (ORS. 179.505, the Family Education Rights and Privacy Act of 1974).

\_\_\_\_\_  
**Signature of Student or Guardian**

\_\_\_\_\_  
**Date**

I may revoke this release, in writing at any time, but I understand that the cancellation will not affect any information that was already released before cancellation.