

## Consent for Release of Information

I, \_\_\_\_\_ give my permission to:

\_\_\_\_\_  
College

\_\_\_\_\_  
Address

to release the following information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This information is being requested for the following purpose:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that I may withdraw this consent at any time if the withdrawal is placed in writing and that I have the right to inspect a copy of the information to be disclosed and can be charged a reasonable fee for the copy services. Unless I withdraw my consent, this consent will automatically expire six (6) months from the date of the signature.

It has been explained to me that if I refuse to consent to this release of information, appropriate services cannot be determined or may be delayed.

\_\_\_\_\_  
\*Student's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's date of birth

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's full name (print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Social Security Number

\* If signature is not that of student, indicate legal relationship to student. Parent or guardian must consent if student has been declared a dependent under the Internal Revenue Code of 1954, Section 152.

NOTICE TO RECEIVING AGENCY/PERSON: Under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act (1-1-79) and the Family Rights and Privacy Act of 1974, you may not redisclose any of this information unless the person who consented to this redisclosure specifically consents to such redisclosure in writing.

Revised April 2007