

**Release of Information Form  
Chancellor University  
Counseling Services  
ADA Services**

Name of Student: \_\_\_\_\_

Date: \_\_\_\_\_

By signing this release form, I hereby authorize Chancellor University Counselor to obtain information about me from faculty and staff as deemed appropriate and necessary.

I hereby also authorize the University Counselor to obtain and exchange information about me with my community therapists, psychologists and psychiatrists and others associated with my overall wellbeing as deemed appropriate and necessary.

All other information pertaining to my disability and/or personal problems are held confidential unless I state that I want to hurt myself or others and/or when I mention sexual abuse and/or physical abuse of children in connection to me. Whenever this information is provided to the University Counselor, he/she is obliged by law to contact authorities.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_