



Information Sent

Date _____

Staff _____

CONSENT TO RELEASE INFORMATION

NAME: _____ MGA ID#: _____

I, the undersigned, hereby authorize Middle Georgia State College (MGA) to release/exchange information regarding the above mentioned person to:

(Name of Person or Institution)

(Address)

(Telephone/Fax Number)

Specific information to be released/disclosed by MGA:

<input type="checkbox"/> ACT assessment	<input type="checkbox"/> Testing reports
<input type="checkbox"/> Treatment summary	<input type="checkbox"/> Counseling & Accessibility Records
<input type="checkbox"/> Drug and Alcohol issues	<input type="checkbox"/> All of the above
<input type="checkbox"/> Treatment progress	<input type="checkbox"/> Other _____

I understand this information can be used for:

<input type="checkbox"/> Academic Considerations	<input type="checkbox"/> Contact with referral source
<input type="checkbox"/> Professional aftercare planning	<input type="checkbox"/> Family involvement
<input type="checkbox"/> Continuation of treatment	<input type="checkbox"/> All of the above

As the person signing this consent, I understand that I am giving my permission to MGA for disclosure of confidential records. I also understand that I have the right to revoke this consent, but that my revocation is not effective until delivered in writing to the Counseling & Accessibility Services office. A copy of this consent and a notation concerning the persons or agencies to which disclosure was made shall be included with my original records in the Counseling Center or Accessibility Services office. The person who receives the records to which this consent pertains may not disclose them to anyone else without my separate written consent unless such recipient is a provider who makes a disclosure permitted by law.

This release expires in 12 months unless another date is specified here: _____

Name (Print): _____

Signature: _____

Date: _____ Address: _____

Staff Witness: _____

Permission to transmit documentation by fax (check one): ☐ Yes ☐ No _____ Client Initials