

NC STATE UNIVERSITY

Division of Student Affairs
Student Health Center, 2nd Floor
2815 Cates Ave
Campus Box 7312
Raleigh, NC 27695-7312

919.515.2423
919.515.8525 (fax)

INFORMATION RELEASE AUTHORIZATION

I HEREBY AUTHORIZE _____
(Name of person/facility providing information)

(Address)

TO RELEASE INFORMATION CONCERNING MY EVALUATION AND/OR TREATMENT

TO _____
(Name of person/facility receiving information)

(Address)

I HEREBY ACKNOWLEDGE THAT THIS CONSENT IS VOLUNTARY AND WILL EXPIRE AUTOMATICALLY AFTER 365 DAYS FROM THE DATE ON WHICH IT IS SIGNED. I FURTHER ACKNOWLEDGE THAT I MAY REVOKE THIS CONSENT AT ANY TIME EXCEPT TO THE EXTENT THAT ACTION BASED ON THIS CONSENT HAD BEEN TAKEN.

NAME: _____ DATE: _____

ADDRESS: _____

SIGNATURE: _____ WITNESS: _____