

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL HEALTH INFORMATION
From CAPS and SHC Staff
To Dean's Office at the University of Richmond

(Name of Student)

(UR ID #)

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I HEREBY AUTHORIZE:

Counseling and Psychological Services (CAPS) and Student Health Center (SHC) staff at the University of Richmond

TO SHARE THE FOLLOWING CONFIDENTIAL HEALTH INFORMATION:

Relevant health information

Other: _____

WITH THE FOLLOWING DEAN'S OFFICE(S) AT UR:

- Jepson School of Leadership
- Law School
- Richmond College

- Robins School of Business
- School of Continuing Studies
- Westhampton College

FOR THE PURPOSE OF:

- (1) Determining readiness to return to the University of Richmond
- (2) Developing an appropriate behavioral contract (if relevant)
- (3) Other: _____

(Student's Signature)

(Date Signed)

This release will be invalid one year after the date of authorization written above.

I understand that I have the right to revoke this authorization in writing at the CAPS and SHC offices at any time, unless CAPS and SHC staff have already acted upon it.