

Release of Confidential Information Form

I _____, authorize _____ to disclose
(Student's name) (Designee of disclosure)

to Shaw University Counseling Center/Disabilities Services for the following information:

1. _____
2. _____
3. _____
4. _____

I understand this is confidential information and will only be used to enable me to be eligible for disability services at Shaw University. This consent is valid for _____

Student's Signature _____ Date _____

Counselor's Signature _____ Date _____

Designee of disclosure signature _____ Date _____