UNIVERSITY OF MINNESOTA ROCHESTER

University of Minnesota Rochester Counseling Department

Release of Information (ROI) Form

Student Information

- **Full Name:** _____
- **Date of Birth:** _____
- **Student ID:** _____
- **Date of Request:** _____

Authorization for Use and Disclosure of Information

I authorize the University of Minnesota Rochester Student Counseling to:

☐ Disclose to
☐ Obtain from
☐ Exchange with

Name/Agency: _____
Address: _____
City, State, Zip Code: _____
Telephone: _____
FAX: _____

Information to Be Released

(Initial each applicable section)

____ Verbal information related to treatment
____ Diagnosis
____ Treatment Plan
____ Medical Records
____ Psychological test results
____ Progress notes
____ Social History
____ Academic & Behavioral Evaluations
____ Placement or Standardized Test Scores
____ Other: _____

Special Authorization for Sensitive Information

(Initial if applicable)

____ Substance abuse (including alcohol/drug use)
____ Behavioral Health
____ Academic/Exams

Duration & Revocation

This authorization is valid until: **(Specify Date)** _____ or 12 months from the date signed.

I understand that I can cancel this release at any time by notifying Student Counseling in writing, and that cancellation will take effect upon receipt. However, prior disclosures made under this authorization will not be affected.

I **DO NOT** authorize further release to any third party beyond the intended recipient.

I release UMR Student Counseling staff from any liability related to the disclosed information.

Student Signature: _____
Date: _____

Counselor Signature: _____
Date: _____