Release of Information FROM Provider TO Fordham University

I, _____ give my consent for the provider_____
Student Name Provider Name

to release information to Student Affairs at Fordham University, which may include Office of Residential Life, Counseling and Psychological Services, Office of Disability Services, University Health Services, and Office of the Dean of Students. I authorize the person or organization to provide a summary of contacts, including medical, psychological, psychiatric, academic, social, and any other relevant information that is available. The information may be provided verbally and/or in writing as Fordham University might request.

My consent to release information with expire (a) when I revoke it in writing, (b) on the following date (optional) _____, or (c) at the end of the year, whichever occurs first.

_____ _____
Student Signature Date

Provider Name: _____

Practice Address: _____ Phone: _____

_____ Email: _____

_____ Fax: _____

Release of Information FROM Fordham University TO Provider

I, _____ give my consent for Fordham University to release information to
Student Name

_____.
Provider Name

I hereby authorize Student Affairs at Fordham University, which may include Office of Residential Life, Counseling and Psychological Services, Office of Disability Services, University Health Services, and Office of the Dean of Students to release information, a summary of contacts, including medical, psychological, psychiatric, academic, social, and any other relevant information that is available. The information may be provided verbally and/or in writing.

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_____ _____
Student Signature Date

Provider Name: _____

Practice Address: _____ Phone: _____

_____ Email: _____

_____ Fax: _____