UNIVERSITY OF ROCHESTER - UHS
UNIVERSITY COUNSELING CENTER **CONFIDENTIAL**

ADMINISTRATOR'S RELEASE OF INFORMATION

(Please print all information)

I, _____
Last First Middle Maiden

ID ## _____ Sex_____ Birthdate _____

Address _____

_____
City State Zip

Telephone _____ Email Address _____

I understand that the University Counseling Center is not responsible for this information once it is returned to the University of Rochester Administrator listed below.

I hereby give permission to the University Counseling Center at the University of Rochester to release information to:

Referring University Administrator: _____

Box #: _____

Phone #: _____

INFORMATION TO BE RELEASED:

____ Statement indicating that student attended mandatory assessment appointment(s)

____ _____

____ _____

Authorizing Signature _____ Date _____

Witness _____ Date _____

Please Return to:

Administrator
University Counseling Center
University of Rochester
P.O. Box 270356
Rochester, NY 14627-0356
FAX – (585) 442-0815

For Internal UR Use Only