Logo, company name

Description automatically generated

University of Wisconsin – La Crosse

**Phone: (608) 785-6900 Fax: (608) 785-6910**

**E-mail: ACCESSCenter@uwlax.edu**

**Website: www.uwlax.edu/ACCESS-Center**

**CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION**

**Client Information:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name Date of Birth

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address City State Zip Code

**Agency Information:**

**A.** **B.** Agency/Name/Address:

University of Wisconsin-La Crosse

The ACCESS Center \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

124 Wimberly Hall

1725 State Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

La Crosse, WI 54601

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Release of Information:**

Authorization is to Release Information: (check one)

From A to B  From B to A  Reciprocal Exchange between A & B

**Specific Records Authorized for Release:**

Academic/Behavioral Records

Medical Reports (Diagnosis/Prognosis)

Psychological Tests /Evaluation Reports/Mental Health

Vocational Evaluation Reports

Other

**Purpose or Need for the Disclosure:**

To determine eligibility for support services through The ACCESS Center

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Unless revoked or specified here, this authorization will remain in effect for 12 months from the date of this signature.** Authorization Expires**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

By signing this authorization, you understand that treatment, payment, enrollment, or eligibility of benefits may not be conditioned on you signing this authorization. When information is used or disclosed by the authorized recipient, this information may be subject to re-disclosure and is no longer protected. You also have the right to inspect and receive a copy of the material to be disclosed. This authorization may be revoked in writing at any time prior to the disclosure of the information. I understand that I have the right to refuse to sign this authorization. Any cost incurred in obtaining documentation is borne by the student.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Client Date