

AUTHORIZATION FOR RELEASE OF INFORMATION

Name of Student (Last, First, Middle Initial)		Social Security Number	Birthdate	
Current Address	City	State	Zip Code	Phone
Permanent Address	City	State	Zip Code	Phone

STUDENT RELEASE AND SIGNATURE

1. Hereby Authorize (Name and Address of Person/Agency)

Wellness Center- UTTC

3315 University Drive, Bismarck, ND 58504

Name/Agency

Address

to (check one): release information to exchange information with receive information from
the following person/agency

Name/Agency

Address

2. The above authorization is restricted to the following designated records and communication (check all that apply):

- Psychological Evaluation/Assessment Any Drug Screening
 Educational Medical
 Addiction* Written Communication
 Progress Notes Verbal Communication
 Treatment Summary Other (explain: _____)

3. The information will be used for: (check all that apply)

- Determination of eligibility for services
 Provision of services/accommodations
 Other (explain: _____)
 Consultation

4. This release of information consent remains in effect until _____ and/or graduation from United Tribes
Technical College or as otherwise indicated below (Date)

(Specific event terminating operation of the release)

STUDENT CONSENT

This information is voluntary and remains in effect until the above date or event, unless specifically revoked by written notice to the agency or person. Any information released prior to my written revocation of this authorization shall not be a breach of confidentiality. A photocopy of this release is effective as the original.

Signature of Student

Date

Signature of Wellness Staff

Date

Phone Ext.

* CHECK IF APPLICABLE - NOTICE TO WHOMEVER DISCLOSURE IS MADE CONCERNING ADDICTION RECORDS

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person it pertains to or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug use patient.

Client received a copy of the release of information