Consent for Release of Information

Weber State University
Counseling & Psychological Services Center
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Ogden, UT 84408-1114
Phone: (801) 626-6406
Fax: (801) 626-6541

Client Name: _____ Date of Birth: _____

Address: _____ City, State, Zip: _____

W#: _____ Phone Number: _____

☐ I authorize the Counseling and Psychological Services Center to release information to:

Phone # Fax # (Include area code)

☐ I authorize the Counseling and Psychological Services Center to obtain information from:

Phone # Fax # (Include area code)

PURPOSE OF THIS RELEASE: _____

SPECIFIC INFORMATION AUTHORIZED: (select one or more as appropriate)