



**CONSENT FOR RELEASE
OF CONFIDENTIAL INFORMATION**

I, _____, authorize
(Name of Client)

UNF Counseling Center to disclose to: UNF Financial Aid (Letter Given to Student to Deliver)

the following information: documentation of Counseling Center attendance, services, and presenting issues.

The purpose of the disclosure authorized herein is to: student requested SAP Appeal Letter of support.

I understand that my records are protected and cannot be disclosed without my written consent unless otherwise provided for in the professional regulations or by court order. I also understand that I may revoke this consent at any time. This consent expires automatically as follows:

(Expires 6 months from signature date unless specified differently)

(Signature of Participant)

(Signature of Parent When Required)

(Name Printed)

Date: _____