



RELEASE AND EXCHANGE OF INFORMATION BETWEEN
UCI OFFICE OF CAMPUS SOCIAL WORK & THIRD PARTY

Name: _____ Date of Birth: _____ UCI Student ID: _____

Address: _____ Phone Number: _____
(Street) (City) (State) (Zip Code)

I voluntarily authorize and direct the UC Irvine Office of Campus Social Work to release and exchange the following verbal and/or written information:

Office of Campus Social Work will release from the client's record: information related to university matters, overall personal well-being and coordination of care and support.

Specific Authorizations

I authorize the release and exchange of the following information from the listed individual, department, or agency by checking and initialing next to the relevant box(es) below:

Table with 3 columns: Check & Initial, UC Irvine On-Campus Individual, Department, or Agency, and Information specific to the client to be received by the CSW office. Rows include Campus Assault Resources & Education (CARE), Counseling Center, and Student Health Center.

Table with 3 columns: Check & Initial, Off-Campus Individual, Department, or Agency, and Information specific to the client to be received by the CSW office. Rows include Parent(s), Spouse/Partner, Off-campus Provider, and Other.

This release expires: _____. If no date is indicated, this authorization will remain in effect for one year from the date it is signed. (Date)

Your Rights

I understand that the above information is being released and that I may revoke this consent at any time by giving written notice to the person or organization making disclosure.

I may contact the UCI Office of Campus Social Work with any questions about the privacy of the information being shared. I understand that I have the right to receive a copy of this authorization.

A photocopy, fax, or electronic copy of this authorization shall be considered as effective and as valid as the original.

Signature lines for Client Printed Name, Client Signature, Date, Witness Printed Name/Relationship to Client, Witness Signature, and Date.

NOTICE TO RECIPIENT OF OFFICE OF CAMPUS SOCIAL WORK INFORMATION:

This information has been disclosed from records which are private. Any further disclosure without the specific written consent of the person to whom it pertains exceeds the limits of this release.