

RELEASE OF INFORMATION

I authorize the Stanford Faculty and Staff Help Center to **release to**, or **obtain from** (circle one or both)

\_\_\_\_\_ the information specified below:  
(organization or person)

(Please check all that apply)

The following information may be released:

- Assessment
- Treatment history
- Progress of treatment
- Participation in treatment

The following information may be obtained:

- Assessment
- Treatment history
- Progress of treatment
- Participation in treatment

This consent is subject to revocation by the undersigned and shall terminate on: \_\_\_\_\_

(Date)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
**(Print Client's Name)**

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
**(Client's Signature)**

\_\_\_\_\_  
(Minor Client's Parent/Guardian)