



STANFORD UNIVERSITY – FACULTY AND STAFF HELP CENTER
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)
