



Disability Support Services · Mayville State University
Mayville, ND 58257 Phone: 701-788-4675 Fax: 701-788-4748

AUTHORIZATION FOR RELEASE OF INFORMATION

Name of Student (last, first, middle initial)	Student ID #	Birthdate	
Street Address		City	State Zip Code

STUDENT RELEASE AND SIGNATURE

1. I hereby authorize: (Name and Address of Person/Agency)

Stephanie Stevens	Mayville State University	330 3 rd St NE, Mayville, ND 58257
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Name

Agency

Address

To (check one): ☐ release information to ☐ receive information from ☐ exchange information with

2. The above authorization is restricted to the following designated records and communication (check all that apply):

☐ Psychological

☐ Addiction

☐ Verbal Communication

☐ Other

(explain: _____)

☐ Education

☐ Medical

☐ Written Communication

3. The information will be used for: (check all that apply):

☐ Determination of eligibility for services

☐ Provision of services/accommodations

☐ Consultation

☐ Other (explain: _____)

4. This release of information consent remains in effect until _____ (date) or as otherwise indicated here _____.

STUDENT CONSENT:

This authorization is voluntary and remains in effect until the above date or event, unless specifically revoked by written notice to the agency or person. Any information released prior to my written revocation of this authorization shall not be a breach of confidentiality. A photocopy of this release is effective as the original.

Signature of Student

Date

Signature and Position of Academic Support Staff

Date

☐ *CHECK IF APPLICABLE-NOTICE TO WHOMEVER DISCLOSURE IS MADE CONCERNING ADDICTION RECORDS

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person it pertains to or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug use patient.