

Authorization for Release or Exchange of Confidential Information

Please open/download and complete this form with Adobe® Reader.
If you are using a built-in PDF reader in your browser, it may appear blank when you submit this form.

Full Name: _____ Student ID number: ex B12345678

Blazer ID: _____ Student Phone #: _____

I hereby authorize the UAB Office of Student Outreach to: (check all that apply)

Release information to: Obtain information from: Exchange information with:

Name: _____ Organization/Department: _____

Phone #: _____ Fax #: _____

Address: _____

Specific information to be released: (check all that apply)

Dates of treatment (absence/attendance) Psychiatric medical records
Oral communication as needed Diagnosis and treatment summary
Other

This authorization will expire one year from the date of your signature.

I understand that I can obtain a copy of this authorization and that a copy of this form is as valid as the original. I understand that I have the right to refuse to sign this form and that this release may be revoked at any time if I notify UAB Student Outreach. However, UAB Student Outreach is not responsible for information released under this authorization prior to revocation.

Your digital signature has the same effect as a hand-written signature.

Please type your name: _____

Date of signature: _____

**Please submit this form to studentoutreach@uab.edu.
To use the submit button below, you must have your e-mail configured on your device.**