

Name of Student (Last, First, Middle):	Student ID: (917...)

The Family Educational Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of, and access to, their treatment records. Students may choose to complete and submit this form to Health Services or Counseling Center allowing the release of their treatment records to specified third parties. Please note that while this form *authorizes* the University of West Georgia to release records to third parties, it does not *obligate* UWG to do so. UWG reserves the right to review and respond to requests for release of treatment records, or information contained therein, on a case-by-case basis. **Please note that FERPA provides that your records may be released without your consent under certain circumstances.**

Instructions: Submit this form with a photo ID in person or by mail to the Health Services Center or the Counseling Center, University of West Georgia, 1601 Maple Street, Carrollton, GA 30118, or fax (678) 839-0656. Office hours are: Monday – Friday, 8am –5 pm.

SECTION A. TREATMENT records to be released:

ALL TREATMENT RECORDS – NO LIMITATIONS [or CHECK SPECIFIC RECORDS BELOW]

Student Health Services/Medical Records (exam reports, physicians orders, medication and treatment records, reports from lab, x-rays and other diagnostic tests, including correspondence and administrative documents.)

Student Behavioral/Disability/Mental Health Records (mental health history and exams, physician’s orders, medication and treatment records, reports and other diagnostic tests, including correspondence and administrative documents.)

Other treatment records not listed above (please specify): _____

SECTION B: Duration of Release (check one):

Limited Use: This authorization expires 1 year from date of form. Recurring Use: This authorization will remain active until revoked.

SECTION C. PIN Access Code Creation:
 Create a unique PIN (Personal Identification Number) for each of the designated individual(s) listed below. Provide this access code to those individuals and UWG staff will use this PIN code to verify their identity.

Four (4) DIGIT PIN ACCESS CODE: _____	Four (4) DIGIT PIN ACCESS CODE: _____
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SECTION D. Person(s) to whom access to treatment records may be provided:

Name	Name
Mailing Address	Mailing Address
City, State, Zip Code	City, State, Zip Code
(Area Code) Telephone No.	(Area Code) Telephone No.
Relationship to student	Relationship to student

I understand that (1) I have the right NOT to consent to the release of my TREATMENT records, (2) I have the right to inspect any written records released pursuant to this consent, and (3) I have the right to revoke this consent at any time by submitting a signed, written statement to the University of West Georgia, Health Services and/or Counseling Center, Carrollton, Georgia 30118. By signing, the University of West Georgia is hereby released from all legal responsibility or liability for the release of the above mentioned information.

Student’s Signature (required)	Date
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