

Counseling & Psychological Services (CPS)
Kennesaw Campus Marietta Campus
585 Cobb Ave, NW 1100 S. Marietta Pkwy
MD 0117, KH2401 MD 9004, A170
Kennesaw, GA 30144 Marietta, GA 30060
P: 470-578-6600 P: 678-915-7391
F: 470-578-9102 F: 678-915-7161

Center for Young Adult Addiction and Recovery
Kennesaw Campus
430 Bartow Ave
MD 2403, UC222
Kennesaw, GA 30144
P: 470-578-2538
F: 470-578-9203



CONSENT AUTHORIZATION TO RELEASE INFORMATION – (MUST BE COMPLETED IN FULL)

I, _____
Please Print

Birth Date: _____ KSU ID# _____

hereby request and authorize Kennesaw State University's Counseling & Psychological Services (CPS) and/or the Center for Young Adult Addiction and Recovery (CYAAR)

Check all that apply: **Release To** **Request From**

The following person(s) or organization or department listed below:

(Name/Agency – please provide complete information)

(Street Address)

(City, State)

(Check all that apply, under other, please be specific)

- | | | |
|--|--|---|
| <input type="checkbox"/> Face Sheet | <input type="checkbox"/> History & Physical | <input type="checkbox"/> Telephone Calls/Verbal Communication |
| <input type="checkbox"/> Consultations | <input type="checkbox"/> Continuing Care Plan | <input type="checkbox"/> Psychiatric Evaluation (data base) |
| <input type="checkbox"/> Treatment Plan | <input type="checkbox"/> Psychosocial History | <input type="checkbox"/> Laboratory/Radiology Reports |
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Psychological Evaluation | |
| <input type="checkbox"/> Discharge Plan Form | <input type="checkbox"/> Initial Clinical Assessment | |

Other: _____

I understand: That this information is to assist the above-named agency or person(s) in my treatment or in service on my behalf. Further, that this consent statement may be revoked by me at any time in writing except to the extent that actions have already been taken in reliance on this consent statement.

Further, this consent statement will automatically expire one year from the date of signature, or at such time as I complete or terminate the services provided to me, or unless I specify an earlier date or event here:
_____.

Further, no information received through this consent statement will be released to any other person or agency without my specific written consent to do so.

I am willing that a reproduction of this consent statement be accepted with the same authority as the original.

Student Signature: _____ Date: _____

KSU Witness: _____