## Loyola Marymount University Student Psychological Services/Student Health Services

1 LMU Drive, MS 8485 - Los Angeles, California 90045-2659 Tel. 310 338 2868 Fax 310 338 3705 http://www.lmu.edu/sps

## Authorization to Release/Exchange Confidential Psychological/Medical Health Information (Release #1)

I,	, hereby provide consent for
Please Print Student Name	
Name of Physician/Licensed Professional	
Address / Phone Number	
to release to Student H	Psychological Services, Director or Designee Health Center, Director or Designee ate/exchange with Student Psychological Designee
the following information pertaining  treatment summary history/intake/assessm diagnoses psychiatric evaluation all of the above other (specify)	ment /medication history
	to be used for academic notification of on planning/continued treatment, and/or urn to school.
my consent in writing at any time (e.	se to sign this form, and that I may revoke except to the extent that the information has a will automatically expire six (6) months ppears below.
Signature of Client	Date
Signature of Witness	 Date