

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>

Release of Information Specific to Psychological/Medical Emergency
And Return to the LMU Community (Release #2)

I, _____, hereby provide consent for
Please Print Student Name

LMU Student Psychological Services to communicate with:

- _____ the Dean of Student's Office
- _____ the Director of Residence Life
- _____ my Parent / Guardian

for the purpose of facilitating my return to Loyola Marymount University following a psychological /medical emergency.

Name of Parent/Guardian and Telephone/Cell Numbers:

I understand that the information is to be used for academic notification of medical absence, post-hospitalization planning/continued treatment, and/or recommendation for readiness to return to school.

I understand I have the right to refuse to sign this form, and that I may revoke my consent in writing at any time (except to the extent that the information has already been released). This consent will automatically expire six (6) months after the date of my signature as it appears below.

Signature of Client

Date

Signature of Witness

Date