



## Consent for Release of Information

Weber State University  
Counseling & Psychological Services Center  
1114 University Circle  
Ogden, UT 84408-1114  
Phone: (801) 626-6406  
Fax: (801) 626-6541

**Client Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_

**W#:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

I authorize the Counseling and Psychological Services Center to release information to:

\_\_\_\_\_  
Name of Individual/Provider/Dept.  
3885 West Campus Drive, Dept. 1136  
\_\_\_\_\_  
Address  
Ogden, UT 84408-1136  
\_\_\_\_\_  
City, State, Zip Code  
P: 801-626-7569/ F: 801-626-7408  
\_\_\_\_\_  
Phone #/ Fax # (Include area code)

**PURPOSE OF THIS RELEASE:** Letter Supporting Financial Aid Appeal

**SPECIFIC INFORMATION AUTHORIZED:** (select one or more as appropriate)

Dates of Service                       Plans for Treatment

Diagnosis/Diagnostic Impressions/Symptoms

Other: (please explain) \_\_\_\_\_

I understand that the materials being released / requested are to be kept strictly confidential. Information may only be used for the above-stated purpose and no one other than the above parties has access to this information. I hereby acknowledge that this consent is voluntary and will expire automatically after 1 year from the date on which it is signed. I also understand that I may issue a written revocation of this permission at any time except to the extent that action based on this consent has already been taken. I understand that I may request a copy of this authorization.

Signature of Client or Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to client (if requester is not the client):  Parent     Legal Guardian     Other: \_\_\_\_\_

I would like a copy of the completed letter indicated above

\_\_\_\_\_ Initials

### **For Office Use Only**

#### Financial Aid Letter

#### Student Copy

Date    Initials

Campus Mail \_\_\_\_\_

Hand Deliver \_\_\_\_\_

Scan to File

Date    Initials

Mailed \_\_\_\_\_

Client Pick Up \_\_\_\_\_

Client Called \_\_\_\_\_

**OVER →**

## Supplemental Information for Students Requesting Letters for Financial Aid

### FERPA

Please be aware that any information your CPSC counselor releases to the Financial Aid office becomes part of your academic record. Your academic record is governed by the Family Educational Rights and Privacy Act (FERPA). Under FERPA, anyone with a legitimate educational reason may view your academic record. In order to protect access to your sensitive personal information, CPSC releases only limited information in letters submitted to the Financial Aid office. This information regularly includes:

- Dates of service and/or number of sessions attended within an identified time frame
- Relevant diagnoses, diagnostic impressions, and/or symptom presentation
- Plans for treatment

### Financial Aid Appeals and CPSC Letters of Support

In your Financial Aid appeal application, you will be provided the opportunity to explain details about the impact of your mental health symptoms on your academic performance. This information should be provided by you, not by CPSC. If you believe that additional information should be provided by CPSC in your letter, please schedule an appointment with your counselor to discuss your request. If your counselor no longer works at CPSC, you may schedule an appointment with the Clinical Director or the Executive Director.

### Required Release-of-Information Forms

In order for the Financial Aid office to receive a letter from CPSC, you must complete and sign a Release-of-Information form allowing us to disclose your information. For your convenience, a pre-filled form is provided for you. If you would like a copy of your letter as well, please mark the box provided on the form and initial where indicated.

### Letter Submission

Please be aware that a **minimum of five business days** is required to complete and submit your letter(s). All letters written by CPSC to the Financial Aid office are delivered directly to the Financial Aid office. If you have requested a copy of your letter, you may opt to pick it up at CPSC or have it mailed to you. Please let the front desk staff know how you would like to receive your copy.

*I have read this document and I understand the implications and requirements associated with releasing my information to the Financial Aid office. If I have questions, I may schedule an appointment to discuss them.*

*Client name (please print):* \_\_\_\_\_

*Client W#:* \_\_\_\_\_

*Signature:* \_\_\_\_\_