

THE COUNSELING CENTER
VALDOSTA STATE UNIVERSITY
STUDENT HEALTH CENTER, SECOND FLOOR
VALDOSTA, GA 31698
229-333-5490 FAX-229-253-4113

Name _____
VSU ID# _____
DOB _____
TELEPHONE _____

AUTHORIZATION FOR RELEASE OF RECORDS AND INFORMATION

I, _____, hereby authorize The Counseling Center, Valdosta State University, to
(Print Full Name)

RELEASE my records and information to the following individual or organization:

Name/ Organization: _____

Address: _____

Phone: _____ Fax #: _____