



**CONSENT FOR RELEASE  
OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_, authorize  
(Name of Client)

UNF Counseling Center to disclose to: UNF Financial Aid (Letter Given to Student to Deliver)  
the following information: documentation of Counseling Center attendance, services, and presenting  
issues.

The purpose of the disclosure authorized herein is to: student requested SAP Appeal Letter of support.

I understand that my records are protected and cannot be disclosed without my written consent unless otherwise provided for in the professional regulations or by court order. I also understand that I may revoke this consent at any time. This consent expires automatically as follows:

\_\_\_\_\_  
(Expires 6 months from signature date unless specified differently)

\_\_\_\_\_  
(Signature of Participant)

\_\_\_\_\_  
(Signature of Parent When Required)

\_\_\_\_\_  
(Name Printed)

Date: \_\_\_\_\_