

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 #: \_\_\_\_\_