

# CONFIDENTIAL

## AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION

I request and authorize the release of medical information to the Texas Tech University Student Judicial Programs Office for the purpose of informing Student Judicial Programs about my attendance and evaluation from a health care professional.

The release of this information will be used to verify attendance/treatment as a part of a university requirement through the Student Judicial Programs office.

I understand and agree that the information I am authorizing to be released may include:

1. Test results, diagnosis, treatment and related information;
2. Drug screen results and information about drug and alcohol use and treatment; and/or
3. Mental health information.

I further understand that I may revoke this authorization at any time by notifying the health care provider in writing.

The information released to Texas Tech University, Student Judicial Programs is for the sole purpose stated in this authorization. Any other use of this information without consent of the student will be prohibited.

This information will become a part of the student's educational record and is subject to the confidentiality of the Family Educational Rights and Privacy Act (20 U.S.C. 1232g.).

I certify that this form has been fully explained to me, that I have read the information, and that I understand its contents.

\_\_\_\_\_  
Student's Authorization

\_\_\_\_\_  
Date

***This release form should be completed and returned to the appropriate health professional for which treatment/education is being sought.***

*Speak with Student Judicial Programs staff for any questions related to the use and function of this medical release form.*