



UNIVERSITY COUNSELING CENTER
DIVISION OF STUDENT AFFAIRS
<http://counseling.binghamton.edu>

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607-777-2772
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Instructions: Form is to be completed by *student (or former student)* requesting information and must be notarized. Given the nature of services provided by this office, a call may be made to the *student (or former student)* to verify information and to explain limits of information shared. This form, once notarized, can be faxed or mailed with appropriate letter explaining request.

CONFIDENTIAL RELEASE OF INFORMATION

I hereby authorize the University Counseling Center at Binghamton University to release to:

Name and title

Address City State Zip Code

Phone number and/or Fax number, including area code

information regarding services received for the purpose of:

Name: _____
(please print)

Signature: _____

Date: _____

Current Address: _____

Phone # and e-mail address: _____

This consent is valid until _____ (six months maximum before a new release form is signed).
(specify date)

I understand that I may only revoke this form by notifying, in writing, the person, department or office authorized by this form to release information. I further understand that, after this date, I will need to sign a new release form should I wish to continue to authorize the release of information.

For more information contact:
Johanne Fiore-Conte at 607-777-2772
Or e-mail at jmfconte@binghamton.edu