



# Graduate School

UNIVERSITY OF COLORADO  
DENVER | ANSCHUTZ MEDICAL CAMPUS

## Authorization to Release/Obtain/Exchange Confidential Information

In order for a Graduate School dean to release, obtain, or exchange confidential information, this authorization must be completed. All information related to identification, location and communication of those involved in the release of information must be provided. This is necessary to ensure that the information is released only to those you intend. For your protection, if this form is incomplete or is not legible, the Graduate School will not release or request the release of any information.

I, \_\_\_\_\_, \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Student's Name* *Date of Birth*

### Request and authorize:

\_\_\_\_\_  
*Clinician's Name & Title or Agency/Clinic*

\_\_\_\_\_  
*Address* *City, State, Zip*

\_\_\_\_\_  
*Phone* *License Number*

### To release information to/exchange information with:

University of Colorado Denver|Anschutz Medical Campus Graduate School Assistant Dean  
303-724-2914 (phone); [shawna.mcmahon@ucdenver.edu](mailto:shawna.mcmahon@ucdenver.edu) (email)

The following confidential professional information, including personal, psychological, psychiatric, and/or medical records and opinions, resulting from my contacts with my clinician(s):

- Dates of treatment and attendance
- Verification of letter of support
- General nature of medical condition and impact on coursework and/or scholarly activity
- Other:

This release will remain in effect until \_\_\_\_\_.

*Note: This release is not valid without a date of expiration.*

I am aware that I have no obligation to disclose the requested information and that I may revoke this consent at any time by notifying the Graduate School in writing. I may request to review and copy the information disclosed. I understand and agree that a reproduction of this authorization will be valid and accepted with the same authority as the original. I understand that by not providing consent, the Graduate School will be limited in its ability to assist me.

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

### GRADUATE SCHOOL