



**RECORDS RELEASE AUTHORIZATION**

**FOR THE RELEASE OF FERPA PROTECTED EDUCATIONAL RECORDS\***

By signing this form, information can be released to and/or discussed with the people or agencies listed below unless noted by exclusions or limitation. This form is signed voluntarily and you may make changes at any time. Information may be exchanged or released via fax, mail, email, copies, letters, and/or verbally. All disclosures made pursuant to this form are valid as long as they were made before the date of revocation.

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

Student ID# \_\_\_\_\_ Phone: \_\_\_\_\_

I, the above named student or the legal guardian of the above named student, authorize the **University of Georgia Behavioral Assessment and Response Council (BARC) and its Case Manager** to release and receive FERPA protected educational information to/from the second party as directed below:

**Second Party:**

Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

**Description of Information to be Disclosed:** (Please put your initials beside the information you want released or exchanged)

\_\_\_\_\_ Mental Health Professional's Initial Report      \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Mental Health Professional's Follow-Up Report

**Purpose of Disclosure:**

\_\_\_\_\_ Consultation (Verbal)      \_\_\_\_\_ Evaluation of academic concern

\_\_\_\_\_ Parent/Partner consult      \_\_\_\_\_ Other \_\_\_\_\_

Note any exclusions of limitations here: \_\_\_\_\_

I understand that the services provided through BARC are not conditional based upon my signing this authorization. By signing below, I acknowledge that I have read and understand this document, that I have voluntarily given my authorization to the Behavioral Assessment and Response Council to disclose my records, and that I may revoke this Authorization at any time by providing a written notice to BARC to the attention of the Case Manager, Office of the Dean of Students. The revocation shall be effective except to the extent that BARC has already used or disclosed information in reliance on the Authorization. I understand that my information may be redisclosed by the authorized person/organization receiving the information, and at that point, the information may no longer be protected under the terms of this agreement. This consent form will expire one year following the date signed unless revoked by you in writing or upon the happening of an event/condition as listed on the following date: \_\_\_\_\_

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

\*Family Educational Rights and Privacy Act (FERPA) protected educational records refer to "records that are directly related to a student and that are maintained by an educational agency or institution or a party acting for or on behalf of the agency or institution" (FERPA, 34 CFR § 99.2) Information received through these documents will become part of the student's FERPA-protected educational record.