



5511 SE Hawthorne Blvd.
Portland, OR 97215
(503) 517-1800

Authorization to Release Information

I, _____, hereby authorize
Name of Student

_____ of Western Seminary, 5511 SE Hawthorne Blvd.,
Portland, Oregon 97215, (503) 517-1800, to mutually share with

Name, Title, Business Name, Address, and Phone Number

any and all information pertaining to _____,

for purposes of _____.

I have been informed and fully understand that this personal information may be in written, oral, or report form.

I fully understand that by signing this form I hereby waive or give up all rights of confidentiality to those above-named and their supervisors. I further understand this communication may include, but not be limited to academic, drug, alcohol, mental health, medical, legal, financial, insurance, or HIV-related information. Unauthorized redisclosure by recipient is a potential risk.

This release/waiver may be revoked in writing at any time, except to the extent that disclosure has already been made in good faith reliance on this release. I understand that I have the right to refuse to sign this authorization. This release/waiver is effective for ninety (90) days from the date of signature.

Dated this ___ day of _____, _____.

Signed:_____

Date of Birth:_____

Student Identification Number:_____