

**CALIFORNIA INSTITUTE OF TECHNOLOGY
CONSENT FOR RELEASE OR EXCHANGE OF INFORMATION**

I, _____, on _____, authorize
Name of Student Today's Date

the California Institute of Technology, where I am or have been a student,

____ (*initial here*) to discuss verbally or in writing;

OR

____ (*initial here*) to receive any relevant information from the person/s named below.

_____ phone _____
_____ phone _____
_____ phone _____
_____ phone _____

This authorization permits the release and exchange of any information necessary for the purpose of:

- ____ Academic Accommodation
- ____ Determining Academic Status/Leave of Absence
- ____ Coordination of Treatment and/or Evaluation
- ____ Facilitation of Referral
- ____ Other (please specify): _____

With the following limitations, if any: _____

I understand that this release expires at the date below and can be revoked at any time with written notification. I understand that I have the right to receive a copy of this authorization.

Signature of Student (or Student Representative, if applicable) Expiration Date of Release

Witness