

HUMBOLDT STATE UNIVERSITY

Offices of the Dean of Students

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CONSENT FOR RELEASE OF INFORMATION

I, _____, have voluntarily entered into a Resolution Agreement with the Office of the Dean of Students at Humboldt State University

As part of my agreement, I have agreed to participate in Alcohol & Other Drug (AOD) assessment and follow-up as recommended by an AOD Specialist. I understand that my treatment records are confidential and cannot be disclosed except as authorized by this or any other release signed by me, or as provided by law.

I hereby consent to the release of that information by those specified below:

1. **by:** _____

to: Christine Mata, Interim Dean of Students
Roger Wang, Interim Assistant Dean of Students
Seth Bradley, Assistant to the Dean of Students

2. **by:** Christine Mata, Interim Dean of Students
Roger Wang, Interim Assistant Dean of Students
Seth Bradley, Assistant to the Dean of Students

to: _____

This consent will expire on _____, or at such earlier time as I revoke it in writing to the indicated parties.

Student/Client Signature: _____

Student/Client Printed name: _____

Date Signed: _____