CAL POLY POMONA

AUTHORIZATION TO EXCHANGE CONFIDENTIAL INFORMATION

Individual's Name _____ BroncoNumber _____
(please print)

Information and/or document(s) concerning the above individual to be requested, released, and/or exchanged between/among the following:

_____	_____
Name/Title	Name/Title
_____	_____
Department/Agency	Department/Agency
_____	_____
Location/Address	Location/Address
_____	_____
Phone Fax	Phone Fax

Goal of this authorization: ❒ Verification of Attendance ❒ Coordination of Support/Care ❒ Withdrawal Support

❒ Other _____

Information/Document(s) being requested, released and/or exchanged : ❒ Contact Dates ❒ Reported Concerns

❒ Verbal Consultation ❒ Written Summary of Contacts ❒ Written Reports ❒ Complete Copy of File

❒ Other _____

This authorization is valid: ❒ for 1 year from date executed ❒ from _____ (month/day/year) to _____ (month/day/year)

Special instructions or relevant information pertaining to this individual's case:

_____

_____

_____

AUTHORIZATION TO EXCHANGE CONFIDENTIAL INFORMATION

I, _____, hereby authorize the release and/or exchange of information and/or documents as indicated above. I have the right to revoke at any time my authorization of the information being put forth, and I must do so in writing. My signature below indicates that I have read and understand all information contained within this document.

_____	_____
Individual's Signature	Date
_____	_____
Witness Signature	Date

White: Dept./Agency Preparing Request; Yellow: Dept./Agency Receiving; Request Pink: Individual