Authorization Form
Consent to Allow the Release of Limited Information from Peer Ambassador Consultation

Our conversations will not be shared with any parties outside of the Counseling Center. The only exceptions are in emergency circumstances (as noted in the Informed Consent Form) OR in cases in which you have provided me with your written permission to share limited information with another party. For instance, you might choose to provide me with your written consent to notify an organizational representative of your interest in meeting with him or her. This could be beneficial if you are apprehensive about contacting the group or individual of interest on your own and/or when you would like me to personally lay the initial groundwork for your connecting with the group or individual of interest. You and I would together discuss and agree upon what limited information I would share in such instances and how I will communicate with the agreed upon parties of interest.

Information may be released to:

__________________________________________________________________________
__________________________________________________________________________

Communication by the Peer Ambassador with the individuals, groups (student or professional), offices or departments indicated above will be limited to:

E-mail Phone In-Person Contact (circle all that apply)

Information disclosed by the Peer Ambassador with the individuals, groups (student or professional), offices or departments indicated above will be limited to:

Reason for the release:

Although you can lengthen or shorten the authorization at any time, this authorization expires 180 days after no longer being a BGSU student or ________________________________ (note date or event)

Name (please print): _________________________________________________________

Signature: ___________________________ Date: ____________________________

Witness: ___________________________ Date: ____________________________

I revoke the above authorization.

Signature: ___________________________ Date: ____________________________

Revocation