		Received by	(name) 258.btype
Name: E-mail:	Can Pho	npus ID: one:	
F	RELEASE OF INFORMATIO)N	
The student named above has been req			
Counseling Center. The student is STRO any, made by a counselor as a result of Center to provide the Office of Student Office of Student Office allows the release of information also allows the Counseling Center about the reason(s)	ONGLY encouraged to follow this assessment. This release Conduct with information reg he Office of Student Conduct	w through with any recon se of information allows t parding attendance to fulf	nmendations, if the Counseling fill this sanction.
Please note that the deadline for this red	quirement is		
f you have any questions, please conta or at studentconduct@salisbury.edu.	ct Student Accountability & 0	Community Standards at	410-677-0022
To be completed by student:			
By signing below, I grant permission to t consultation and screening to Student A			the initial
Student Signature		Date	
To be completed by Counseling Cer	nter Staff:		
The student named above has an initial attendance will be sent once completed.		Conf	irmation of
Signature		Date	
Printed Name			