Ouachita Baptist University

Counseling Services

410 Ouachita, box 3646
Arkadelphia, AR 71998
Phone: (870) 245-5591
Fax: (870) 245-5341

PERMISSION TO COMMUNICATE WITH THE OBU ACADEMIC SUCCESS CENTER

I, ___________________________________, on this date, ____/____/______ hereby grant the OBU Counseling Services Office or the ADA 504 Accommodations Coordinator permission to release/transfer the following information:

_____ Verbal communication with my therapist, _________________________, or the ADA 504 Accommodations Coordinator, Daniel Jarboe, concerning my counseling experience, my ADA Accommodations or related disability, my therapist's opinions and perspectives on my condition, needs, and/or progress, and pertaining to any information I have discussed or disclosed within that professional relationship.

_____ Confirm my attendance/participation in counseling with my OBU Counseling Center staff therapist or graduate intern_________________________________

_____ This release shall NOT pertain to any information concerning ______________________________
____

_____ Other: ____

<u>Release above information to</u>:

Office of the OBU Academic Success Center

<u>Client Information</u>:

Student ID# _________ **Birthdate:** ___/___/___ **SSN** (Last 4 digits)**:** _______

Phone #: _______________ **Apt./Residence Hall & room #:** _________________

Release Expiration Date: ____ 12 months ____4 years ____ none

I understand that I may revoke my consent to release this information by providing written notice to my counselor.

___________________________________ ______________

Student/Client Signature Date

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(Bring slip below dotted line to Academic Success Center in Lile 122.)

I, ___________________________________ (student/client's name), on this date, ____/____/______ hereby grant the OBU Counseling Services Office or the ADA 504 Accommodations Coordinator permission to release/transfer information. I met with _____________________ (counselor's name).

___________________________________ __________ _____________________________ ____________

Student/Client Signature Date Counselor/ADA Coordinator Signature Date