East Central University
Student Counseling Center
Consent for Release of Confidential Information

I understand that my records are protected under both Federal and State confidentiality laws and regulations and cannot be released without my written consent unless otherwise provided for in those laws and regulations. Federal regulations prohibit you from making further disclosure without the specific written consent of the person to whom it pertains, or as otherwise permitted by such laws or regulations. *I agree that a photographic copy of this authorization will be as valid as the original.*

I, _____ _____ _____
Client Signature **Date of Birth** **Student ID #**

Authorize:

ECU Student Counseling Center
1100 E. 14th Street, PMB S-8
Ada, OK 74820
(580)559-5714 fax: (580)559-5276

To Release Information to:
(Please indicate to whom information may be released by checking one or more)

( ) ECU VP for Student Development
( ) ECU Health Services
( ) ECU Director of Housing & Residence Life
( ) ECU Academic Success Center
( ) ECU Testing & Accessibilities Services
( ) ECU Financial Aid Office
( ) ECU C.A.R.E. Team
( ) Other: _____

The Following Information:
(Please indicate preference)

( ) Verification of Attendance
( ) Initial Assessment
( ) Diagnostic Impression
( ) Mental Status Exam

I understand that unless otherwise limited by state or federal regulations, and except to the extent that action has been taken which is based on my consent, I may withdraw consent at any time by sending such written notification to Jennifer Cox, Director, ECU Student Counseling Center.

_____ _____
Client Signature **Date**

_____ _____
Counselor Signature **Date**

Revised: 10/21/2025