The Wellness Center
Division of Student Affairs

Health Services
Ph: 609.652.4701
Fax: 609.626.5586

THE RICHARD STOCKTON COLLEGE OF NEW JERSEY

Counseling Services
Ph: 609.652.4722
Fax: 609.626.5550

Alcohol and Drug Education Program
Ph: 609.626.6855

Learning Access Program
Ph: 609.652.4988

101 Vera King Farris Drive Galloway NJ 08205
www.stockton.edu/wellness

Permission to Release and/or Obtain Information

Date:_____

I, _____, Z#_____ consent to
(name)

☐ Release my medical record to the following:
☐ Obtain my medical record from the following:

Stockton Departments: (please check)	**Other contacts:**
○ Counseling Services Staff ○ Learning Access Program ○ Athletics Department ○ Atlanticare Regional Medical Center ○ Residential Life Staff ○ Dean of Students Staff ○ Planned Parenthood ○ Professors _____	Name and Contact information:_____ _____ _____ _____ _____ _____ _____

This information is being released or obtained for the following reasons:_____

_____

_____

Information to be released: _____

_____

_____

I understand that this information will be released in accordance with HIPAA and FERPA laws as applied and will begin on the date signed. This information can be revoked at any time except to the extent that action on the disclosure was already taken in reliance on it. If not previously revoked, this consent will terminate one year from the date of signing or on _____(date.)

Date:_____ Client's Signature: _____

Date:_____ Witness' Signature: _____