



## Student Optional Disclosure of Mental Health Information Authorization

In compliance with Illinois Public Act 099-0278, Carl Sandburg College allows students to voluntarily identify a designated third party to receive certain private mental health information as indicated below.

By completing this form, you are granting the College's professional mental health designee permission to release information about your mental health information to the third party listed below. You must complete a separate form for each third party to whom you grant access to information.

Submit your completed form to the Records & Registration Office, Carl Sandburg College, Tom L Wilson Blvd, Galesburg, IL. Please note that your authorization to release information does not expire unless you sign this form revoking the authorization. You may revoke your authorization at any time by sending a written request to the same address. This form does not allow the third party access to other student record information from Carl Sandburg College.

### Student Information

\_\_\_\_\_  
Name

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

### Third-party Designee

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Relationship to student

### Information Type Allowed

Please select one of the following:

All pertinent information as determined by the College's designated mental health provider will be released.

Only certain information may be released which includes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Certification:** I authorize Carl Sandburg College to release the information listed above to the designated third party.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

**Declination of Authorization:** I do not authorize Carl Sandburg College to release any private mental health information to a third party or am revoking the above authorization.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date