

**AUTHORIZATION TO RELEASE RECORDS AND INFORMATION
(Dual Release-UTSA Departments)**

I, _____, hereby authorize
(Client Name)

_____ Cassandra Parada _____ UTSA PEACE CENTER,
(Confidential Advocate)

and representative(s) from the designated offices below;

Counseling: _____

EOS/Title IX: _____

Faculty/Dean: _____

Health Services: _____

Student Conduct: _____

Dean of Students: _____

Housing and Residence Life: _____

Other(s): _____

if appropriate, to release to each other, information **(initial the records you authorize to be released)** indicated below, if possible:

____ Notification of Attendance

____ Support Services Summary

____ Report of Incident

____ Case Management Summary

____ Other: _____

The purpose of this release is _____

This authorization will be valid until _____ unless withdrawn by the student prior to this date. If there is no date written above, then this release is considered valid until withdrawn.

Student's Signature: _____ Banner ID#: _____

In the Presence of: _____ Date: _____
(Signature of Witness)

PRIVACY NOTICE

With a few exceptions, you are entitled to be informed about the information U.T. San Antonio collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review this information. Under Section 559.004 of the Texas Government Code, you are entitled to have U.T. San Antonio correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in the University of Texas System Business Procedures Memorandum 32. The information that U.T. San Antonio collects will be retained and maintained as required by Texas records.