UT San Antonio Wellbeing Services

Student Assistance Services Phone: (210) 458-4985 SU 1.02.22

AUTHORIZATION TO RELEASE RECORDS AND INFORMATION FOR MEDICAL/MENTAL HEALTH WITHDRAWAL REQUEST

	(Student's Name)		, hereby author
	Dr. M	elissa Hernandez	
Office and (name of other agency/person):		
		(Physician, Therap	oist, Provider)
Address			
City	Sta	te	Zip
Phone Num	ber ()_	Fax ()
	her along with other UT San Antonio		
	e Studies or Dean of Graduate Studies Wellbeing Services	s), Business Office, Regis	strar's Office, Student
- manorar r ma	THE STATE OF THE S		
37	T		
<u>X</u> <u>X</u>	Treatment and Progress Summary Medical/Psychological Assessment	s and/or Reports	
$\frac{X}{X}$ $\frac{X}{X}$,	email with above parties for	
	Medical/Psychological Assessment Communicate by phone, letter, or e	mail with above parties for viewed by clinician/staff.	
$\frac{X}{X}$ — The purpose	Medical/Psychological Assessment Communicate by phone, letter, or e documentation was received and re	email with above parties for viewed by clinician/staff.	
XXX The purpose mental health This authorize	Medical/Psychological Assessment Communicate by phone, letter, or e documentation was received and re Other: of this release is: to assist the univers withdrawal from UT San Antonio. cation will be valid until request is approximation.	mail with above parties for viewed by clinician/staff. ity and the student explore proved or denied, but no	re the possibility of a more than three months (9
The purpose mental health This authorizedays) from days	Medical/Psychological Assessment Communicate by phone, letter, or e documentation was received and re Other: of this release is: to assist the univers withdrawal from UT San Antonio.	email with above parties for viewed by clinician/staff. ity and the student exploruproved or denied, but no ; unless to	more than three months (9) the student prior to this date
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The purpose mental health This authoriz days) from day withdraws per Student's Sig	Medical/Psychological Assessment Communicate by phone, letter, or e documentation was received and re Other: of this release is: to assist the univers withdrawal from UT San Antonio. ration will be valid until request is apparent of signature or (insert date) ermission. Any verbal request must be	ity and the student explorement or denied, but no groved or denied, but no groved immediately but the Banner ID	more than three months (she student prior to this date y a written request.

PRIVACY NOTICE

With a few exceptions, you are entitled to be informed about the information UT 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 UT 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

UT San Antonio collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.

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, here
orize (Student's Name)
Dr. Melissa Hernandez
mmunicate with the following individuals and/or UT San Antonio departments: Academic rt, Dean of Undergraduate Studies, Dean of Graduate Studies, Business Office, Registrar's , Student Financial Aid, Counseling Services, Student Health Services, and any others on the n Antonio Medical/Mental Health Withdrawal Committee.
ease to each other the following:
Treatment and Progress Summary
Report of Medical/Psychological Assessment
Communicate by phone, letter, or email with above parties for confirmation that documentation was received and reviewed by clinician/staff
Academic Transcripts, Class Attendance, Student Request for Withdrawal, Medical/Mental Health records/documentation
ourpose of this release is: to assist the university and the student explore the possibility of a cal or mental health withdrawal from UT San Antonio.
authorization will be valid until request is approved or denied, but no more than three months (90
from the date of signature or (insert date) ;unless the student prior to this date,
lraws permission. Any verbal request to withdraw this release must be followed immediately by a
en request.
ent's SignatureBanner ID

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