

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

I, _____, hereby authorize
(Student's Name)

Dr. Melissa Hernandez

Office and (name of other agency/person): _____
(Physician, Therapist, Provider)

Address _____

City _____ State _____ Zip _____

Phone Number (_____) _____ Fax (_____) _____

To work together along with other UT San Antonio Services (Academic Support and Undergraduate Studies or Dean of Graduate Studies), Business Office, Registrar's Office, Student Financial Aid, Wellbeing Services

To release to each other the following:

- ☒ Treatment and Progress Summary
- ☒ Medical/Psychological Assessments and/or Reports
- ☒ Communicate by phone, letter, or email with above parties for confirmation that documentation was received and reviewed by clinician/staff.

___ Other: _____

The purpose of this release is: to assist the university and the student explore the possibility of a mental health withdrawal from UT San Antonio.

This authorization will be valid until request is approved or denied, but no more than three months (90 days) from date of signature **or** (insert date) _____; unless the student prior to this date, withdraws permission. Any verbal request must be followed immediately by a written request.

Student's Signature _____ Banner ID _____

In the Presence of _____ (Signature of Witness)

Date _____

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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I, _____, hereby
authorize _____ (Student's Name)

Dr. Melissa Hernandez

To communicate with the following individuals and/or UT San Antonio departments: Academic Support, Dean of Undergraduate Studies, Dean of Graduate Studies, Business Office, Registrar's Office, Student Financial Aid, Counseling Services, Student Health Services, and any others on the UT San Antonio Medical/Mental Health Withdrawal Committee.

To release 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

The purpose of this release is: to assist the university and the student explore the possibility of a medical or mental health withdrawal from UT San Antonio.

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Student's Signature _____ Banner ID _____

In the Presence of _____ (Signature of Witness)

Date _____

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