



Ringling College  
of Art + Design

**Peterson Counseling Center  
PreCollege Perspective  
AUTHORIZATION FOR RELEASE OF INFORMATION**

Student \_\_\_\_\_ D.O.B. \_\_\_\_\_  
S.S.# \_\_\_\_\_

I hereby authorize:  
**Peterson Counseling Center Staff**  
Ringling College of Art and Design

To exchange relevant information with:

(Parent Name) \_\_\_\_\_  
(Address) \_\_\_\_\_  
(Emergency Telephone) \_\_\_\_\_

For the purpose of: Notification in case of emergency. Exchange of information for mental health treatment.

**I have read the above statements and voluntarily consent to this disclosure by telephone, mail or fax. I understand that my records are protected under federal privacy regulations and under the General Laws of Florida, and cannot be disclosed without my written consent except as otherwise specifically provided by law. I release my therapist from any liability arising from the release of this information to the designated recipient, provided the release is done substantially in accordance with applicable law. I understand that I need not sign this consent form in order to receive services at this facility. Any information received that is authorized by my consent shall not be further transferred without an additional written consent as provided by law. I may withdraw this consent by giving written notification to the above party at any time prior to the disclosure or release of the information. Absent such prior withdrawal, this consent will expire 60 days after I complete or discontinue the services I currently receive at the Counseling Center.**

**Parent Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Student Signature \_\_\_\_\_ Date \_\_\_\_\_**

Please return to: PreCollege Perspective  
Ringling College of Art and Design  
2700 N. Tamiami Trail  
Sarasota, FL 34234