

**Delta College**  
**Counseling/ Advising & Career Services**  
**1961 Delta Road D-102**  
**University Center, Michigan 48710**  
**Phone: 989-686-9330 Fax: 989-667-222**  
**www.delta.edu**

**AUTHORIZED RELEASE OF INFORMATION TO/FROM:**

This authorization of information is in accordance with Section 748, Michigan Public Acts of 1974 and The Family Education Rights and Privacy Act of 1974 (FERPA), the Public Health Code, Act 368 of 1978, Part 181, Section 18117. I understand that I may refuse to sign this authorization. I understand that information used or disclosed may be subject to re-disclosure by the person(s) or class of person(s) receiving it and may no longer be protected by legal privacy rights. See revocation rights below:

I, \_\_\_\_\_ authorize the Counseling/ Advising & Career Services  
Student, Parent, Guardian or Legal Representative

of Delta College to

Release/Disclose

Receive

my personal counseling information described below to/from:

Representative	Pertaining to: Student Name	
Address	Student Id No.:	
City	State	Zip Code

**INFORMATION TO BE DISCLOSED BY DELTA COUNSELING/ ADVISING:**

Specific information to be disclosed:

- |   |   |
|---|---|
| <input type="checkbox"/> Medical Social History | <input type="checkbox"/> Assessment/ Evaluation |
| <input type="checkbox"/> Progress in Counseling | <input type="checkbox"/> Other Information:     |

Purpose of the Disclosure:

I understand that this authorization will expire on: \_\_\_\_\_ or by my notice of revocation or the following event: \_\_\_\_\_

Student Name \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ zip \_\_\_\_\_

Signature of Student, Parent, Guardian or Legal Representative \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date: \_\_\_\_\_