

UCF CAPS Records Request Form

In order to protect your right to confidentiality, your authorization is required if you request information to be released to another person or agency. Counseling and Psychological Services (CAPS) records are kept separate from your educational records for confidentiality purposes.

I, (please type in your legal name)

hereby authorize UCF Counseling and Psychological Services (CAPS) to release my treatment summary to:

Name (Self or Name of Individual):

Address:

Fax:

Encrypted Email:

Additionally, you hereby authorize UCF Counseling and Psychological Services (CAPS) to communicate with the above entity regarding my counseling records.

A treatment summary will be provided to the entity indicated above. The summary may include dates of service, session themes, diagnosis, and recommendations or referrals at the time of case closure.

The reason for this request is (please check the box that applies):

- Sends records to another treatment provider
- Medical Withdrawal Petition
- SAP Appeal
- Student Accessibility Services (SAS)
- Faculty/Professor Communication
- Job application or Background check
- Legal Reasons
- Letter of Support
- Other (please indicate below)

Other:

Would you like to review your treatment summary with a CAPS counselor before it is sent? Yes No

If you checked yes, your treatment summary will not be sent until you speak with a CAPS counselor.

If you checked no, a treatment summary will be sent to the entity indicated above within 30 days.

If additional information or records are needed, please specify below. To protect confidentiality, any additional/full records are released only after a consultation with a CAPS counselor.

Printed copies of full records may incur a fee in accordance with CAPS policies:

- \$1.00 per page for the first 25 pages

- \$0.25 per page for each additional page.

These fees apply only to requests for full records, not to treatment summaries.

I understand that after my counseling record is released, CAPS cannot guarantee the confidentiality of any information contained in it. A copy of this form is as valid as the original. This consent will automatically expire one (1) year after the date of my signature as it appears below.

By typing in your name below, this serves as your legal signature that you are consenting to the document.

Student ID (UCF PID or VID)

Today's Date (month/date/year)

N/A

Phone Number: