



Republic of the Philippines  
**CAVITE STATE UNIVERSITY**  
**Imus Campus**

Cavite Civic Center Palico IV, City of Imus, Cavite 4103

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[www.cvsu.edu.ph](http://www.cvsu.edu.ph)

**GUIDANCE AND COUNSELING OFFICE**

**RELEASE OF INFORMATION FORM**

In order to protect your right to confidentiality, your written authorization is required if you request information to be released to another person or agency. Counselling records are kept separate from your educational record for confidentiality purpose. However, letters written to faculty and staff, for petitions, for recommendations, or other such released information becomes the property of the recipient, and in some cases, may become a part of your educational record.

This form authorizes the Office of Guidance and Counseling to release information concerning:

Client's Complete Name:	
Program and Section:	I.D Number:
Present Home Address:	
Mobile Number:	Home Tel. Number:
To the following person or agency:	
Name of Person or agency:	
Mailing Address:	
Phone Number/s:	

Such information may include a summary of any diagnostic, treatment, or testing information that is in my file at the Counseling Center.

\_\_\_\_\_  
*Client's Signature (18 years old and above)*

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
*Parent's or Guardian's Signature  
over printed name  
(for Clients below 18 years old)*

\_\_\_\_\_  
Date Signed