THE COUNSELING CENTER
VALDOSTA STATE UNIVERSITY
STUDENT HEALTH CENTER, SECOND FLOOR
VALDOSTA, GA 31698
229-333-5490 FAX-229-253-4113

Name	
/SU ID#	
OOB	\% BT/F1 9 Tf1 0 0
FLEPHONE	

I, ______, hereby authorize The Counseling Center, Valdosta State University, to (Print Full Name)

RELEASE my r