



Rensselaer

COUNSELING CENTER

REQUEST FOR INFORMATION COUNSELING CENTER

I _____ request _____

to send copies of all psychological/psychiatric evaluations and/or treatment summaries from

_____ to _____
(dates)

to the Counseling Center, 3200 Academy Hall, Rensselaer Polytechnic Institute,
110 Eighth Street, Troy, NY 12180.

Signed Date

Witness Date

Effective 7/1/02