



Life Coach
 1140 Umpqua College Road
 Roseburg, Oregon 97470
 541.440.7896

UCC Counseling Records Request Form

Request for records of personal counseling services at Umpqua Community College

Last Name	First Name	M.I.	Birthdate (MM/DD/YYYY)	Student ID Number
Mailing Address		City	State	Zip
Phone		Former Names Used		

Section 1 – REQUEST (Select all that applies)

Counseling Records Request # _____ copy(s)

Academic year: _____

Section 2 – DELIVERY METHOD (Select all that applies)

In-Person pick up *(must be picked up within 30 days)*

Fax Fax number: (_____) _____ - _____ Attention to: _____

U.S. Mail Use my student mailing address above Use different mailing address below:

Name _____

Mailing Address _____ City _____ State _____ Zip _____

If requesting information be sent by fax or by US mail, individual has the option of coming in person to verify identity through showing copy of identification and picture ID, or by providing a notarized letter verifying identity sent by mail or email to the Life Coach at UCC.

Student Signature _____ **Date:** _____

Signifies Approval & Authorization to release my counseling records as directed on this form.

Section 4 – IN PERSON PICK UP ONLY (Sign & date at the time of pick up)

Student Signature _____ **Date:** _____

Signifies authorization that I received my counseling records.