



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.