

When a student enrolls at the College for the first time, he/she will be provided with the *Student Optional Disclosure of Mental Health Information Authorization form*. By completing this form, the student is granting the College's designated mental health professional permission to release information about his/her mental health information to the third party listed. He/she must complete a separate form for each third party to whom they wish to grant access to information on their student records.

The completed form will be sent to the Records & Registration Office, Carl Sandburg College, Tom L Wilson Blvd, Galesburg, IL. The authorization to release information does not expire unless the student signs the form revoking the authorization. The student may revoke the authorization at any time by sending a written request to the same address. This form does not allow the third party access to other student record information from Carl Sandburg College.

Carl Sandburg College may disclose the student's mental information if a physician, clinical psychologist, or qualified examiner who is employed by the College makes a determination that the student poses a clear danger to himself, herself, or others to protect the student or other person against a clear, imminent risk of serious physical or mental injury or disease or death being inflicted upon the person or by the student on himself, herself, or another. The physician, clinical psychologist, or qualified examiner shall, as soon as practicable, but in no more than 24 hours after making a determination under this section, attempt to contact the designated person and notify the designated person that the physician, clinical psychologist, or qualified examiner has made a determination that the student poses a clear, imminent danger to himself, herself, or others.