

**Form A**

**RELEASE OF INFORMATION  
FROM MESSIAH COLLEGE ENGLE CENTER TO HOME  
HEALTHCARE PROVIDER**

Date \_\_\_\_\_

This is to certify that I, \_\_\_\_\_, give full permission to  
**(Name of Student)**  
Messiah College Engle Center professional staff to release the following information to those  
individuals listed below.

**INFORMATION:**

*All relevant information.*

**INDIVIDUALS TO BE GIVEN ABOVE INFORMATION (Please list name and address,  
telephone and fax numbers of your home health care provider):**

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This release is effective for one (1) year unless an exception is noted here: \_\_\_\_\_

*Permission can be revoked by me at anytime I choose, by providing notice of the revocation in writing, except to the extent that the person who is to make the disclosure or the person receiving information has already acted upon it.*

**SIGNATURE OF STUDENT** \_\_\_\_\_

**WITNESS** \_\_\_\_\_

**(Someone who observes you signing this form)**

A copy of this form may be faxed to the Messiah College Engle Center at 717.796.5372, Attn: Ellie Addleman, or mailed to: Ellie Addleman, M.S., NCC, LPC., Director of Counseling and Health Services, Messiah College, One College Avenue Suite 3028, Mechanicsburg, PA 17055