

**Northwestern University**  
**Student Optional Disclosure of Private Mental Health Information**  
**Authorization Form**

The Illinois Student Optional Disclosure of Private Mental Health Act provides you with the opportunity to authorize the disclosure of mental health information in the event that a University physician, clinical psychologist or qualified examiner makes a determination that you pose a clear danger to yourself or others. You are not required to designate a contact. Should you choose to designate a contact person, it can be anyone over the age of 18 (parent, friend, sibling, etc.). Please initial one of the lines below, sign and date this form and return it to:

Northwestern University  
Office of the Registrar  
633 Clark Street  
Evanston, Illinois 60208

\_\_\_\_\_ I authorize Northwestern University to disclose mental health information to the person designated below in the event that a University physician, clinical psychologist or qualified examiner makes a determination that I pose a clear danger to myself or others.

**Mental Health Emergency Contact:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ (home)

\_\_\_\_\_ (cell)

\_\_\_\_\_ (work)

E-mail Address: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

\_\_\_\_\_ I do **not** want to designate a mental health emergency contact person at this time. I understand that I can change my mind at any time and designate someone by completing another authorization form. I also understand that under certain circumstances as allowed or required by law, certain university officials may contact my parents or others in the event of an emergency to protect my life or the lives of others without my express written consent.

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Name of Student

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Signature of Student

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University ID Number

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Date