

AUTHORISATION FOR RELEASE OF INFORMATION

UNIVERSITÄT OLDENBURG +
STUDENTENWERK OLDENBURG
PSYCHOLOGISCHER BERATUNGS-SERVICE

STUDENTENWERK
OLDENBURG
.....
.....

I, _____ (full name),
born _____,

hereby authorise the following persons to release information about me according to
§ 203 StGB (German criminal code):
(please cross out as applicable)

1. I authorise all staff members at the Psychologischer Beratungs-Service (PBS) to release
and exchange information regarding the matter in which I contacted the PBS.
2. I authorise _____ (full name of consultant) or
his/her replacement at the PBS to disclose information to the following individual/entity

(full name and professional capacity)

This authorisation is restricted to the following specific information:

and to the following purpose:

I understand that signing this authorisation is voluntary and that I have the right to revoke
this authorisation at any time by sending a written notification to the PBS.

Unless previously revoked by me, the information may be disclosed until:

_____ (date or event)

Place, date, signature