COLLEGE OF THE OZARKS STUDENT COUNSELING CENTER

P.O. Box 17
Point Lookout, MO 65726
417-690-3441 or 417-690-2296
Fax: 417-690-2490

RELEASE OF INFORMATION

Client Name _____**Date of Birth** _____

Based upon the information received from the above-named client, in addition to my observations, I believe and confirm to the best of my professional judgment the client is an unaccompanied, self-supporting youth at risk of homelessness after July 1, 2026. This means, after July 1, 2026, the client was not in the physical custody of a parent or guardian, provides for his/her own living expenses entirely on his/her own, and is at risk of losing his/her housing.

Counselor: _____

I, the above-named client, do provide consent to the release of the following (check one):

_____ ***Written information.*** Copy of only this form to the College of the Ozarks Financial Aid Office.

_____ ***Written and verbal information.*** Copy of only this form to the College of the Ozarks Financial Aid Office and/or verbal confirmation of "homeless status."

For the purpose of designation of homelessness regarding the application for Federal Student Aid for the 2026-27 school year.

College of the Ozarks Student Counseling Center is hereby released from all legal responsibility or liability for the release of the above-mentioned information. I understand my records are protected under the Federal and State confidentiality regulations and cannot be disclosed without my written consent unless otherwise provided for in those Federal and State regulations. I understand I have the right to withdraw this authorization at any time, except for action already taken, and such revocation must be in writing. Further, I understand this authorization, without prior revocation, will automatically expire 90 days from the date of my signature.

Signature: _____ Date: _____

Phone: _____ Email: _____

Witness: _____ Title: _____