

ACKNOWLEDGMENT OF RECEIPT OF RECORDS

I, _____, hereby acknowledge, that at my request a copy of the following otherwise confidential document(s) will be transmitted to me by the Counseling and Psychological Services (CPS):

- A letter dated _____ in support of modification of academic requirements.**
- My entire CPS record**
- Other (Specify) _____**

I understand that in accepting these copies I assume all responsibility for their disposition and safekeeping.

Signature: _____

Name (print): _____

Date: _____

ID Verified by CUID Number _____
Photo ID License Number _____
Other (Indicate) _____
Initial _____