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I understand that this authorization by me is subject to revocation at any time with respect to future disclosure of information. I understand that any revocation by me will not affect any releases made or other action taken previously in reliance upon an authorization I have given and prior to receiving my revocation and that any information so released may no longer be protected by federal or state law. I understand that my revocation must be in writing and addressed to: **UNC Counseling Center, Campus Box 17, Cassidy Hall, University of Northern Colorado, Greeley, Colorado**

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