



Pursuant to Louisiana HB 202 / Act 157 of 2025

Student Information

Student Name: Click or tap here to enter text.

Student ID Number: Click or tap here to enter text.

Date of Birth: Click or tap to enter a date.

Education Institution Name: Click or tap here to enter text.

Purpose of Authorization

In compliance with applicable privacy laws, this form allows the above-named institution to notify my parent(s), guardian(s), or other designated individuals in the event of a mental health crisis or situation where I may pose a risk to myself or others.

Section 1: Designated Contact(s)

I hereby authorize the institution to contact the following individual(s):

1. Primary Contact Name:*

First Name Click or tap here to enter text.

Last Name Click or tap here to enter text.

Relationship to Student: * Click or tap here to enter text.

Phone* Click or tap here to enter text.

Email* Click or tap here to enter text.

2. Secondary Contact Name:

First Name Click or tap here to enter text.

Last Name Click or tap here to enter text.

Relationship to Student: Click or tap here to enter text.

Phone Click or tap here to enter text.

Email Click or tap here to enter text.

Section 2: Scope of Information to Be Shared

I authorize the education institution to share the following types of information with the designated contact(s):

- General nature of the mental health crisis.
- Actions taken by the education institution (e.g., hospitalization, counseling referral).
- Recommendations for follow-up care.

Note: Specific diagnoses or treatment details will not be disclosed unless otherwise authorized or required by law.

Section 3: Duration of Authorization

This authorization will remain in effect (**please select one**):*

- ☐ Until the conclusion of my enrollment at the education institution
- ☐ Until I submit a written request to revoke this authorization

Section 4: Student Acknowledgment

I understand the following:

- I am voluntarily granting this authorization.
- I have the right to revoke this authorization at any time by submitting a written request to the education institution.
- Revocation of this authorization will not apply to information already shared under this consent.
- This authorization does not require the education institution to notify my designated contact(s) unless deemed necessary.

Signature of Student: Click or tap here to enter text.

Date: Click or tap here to enter text.

Section 5: College Representative Acknowledgment

Signature of Representative: Click or tap here to enter text.

Printed Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Date: Click or tap to enter a date.

Privacy Notice

The information disclosed under this authorization is protected by federal and state privacy laws. The education institution will use reasonable efforts to safeguard your information in accordance with these laws.