

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.

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