

**OFFICE OF INSTITUTIONAL EQUITY  
ACCESSIBILITY SERVICES PROGRAM  
CONSENT TO RELEASE INFORMATION**



**WHY ARE WE ASKING FOR YOUR CONSENT?**

The Freedom of Information and Protection of Individual Privacy Act requires the written consent of individuals before any disclosure of personal information. By providing your written consent on this form you are giving permission to the Office of Institutional Equity to release information about your disability and accommodation needs to other University personnel, external professionals, sponsoring agencies and additional approved parties.

**USE OF INFORMATION**

Only information required for your educational benefit will be released. Unless compelled by law to do otherwise, (e.g. via subpoena, if you are in danger to yourself or others) we will only release information to the sources indicated by you on this form.

**YOUR RIGHT TO CHOOSE**

You have the right to choose not to permit the release of any information about yourself outside of the Office of Institutional Equity. Choosing not to consent to the release of information about your disability and accommodation needs may significantly limit our ability to implement accommodations or advocate on your behalf should your accommodation needs be questioned or disputed.

**I hereby give permission to the Office of Institutional Equity to release information concerning my disability and accommodation requirements to the following individuals/agencies checked below:**

Internal Sources	External Sources
<input type="checkbox"/> Academic Advisor <input type="checkbox"/> Professors <input type="checkbox"/> Women's Center/Counselors <input type="checkbox"/> Health Services <input type="checkbox"/> C.A.S.A. Resource Staff <input type="checkbox"/> Financial Aid <input type="checkbox"/> Residence Life Personnel <input type="checkbox"/> Peer Assistants <input type="checkbox"/> Peer Tutors <input type="checkbox"/> Sodexo Food Services Manager <input type="checkbox"/> Library <input type="checkbox"/> Other (please specify): _____	<input type="checkbox"/> Family/Guardian Specify: _____ <input type="checkbox"/> Field Placement Supervisor Specify: _____ <input type="checkbox"/> Professionals (doctor, psychologist, case manager) Specify: _____ <input type="checkbox"/> Sponsoring Agency Specify: _____

Limits to the information to be released about me: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Student's Name Printed \_\_\_\_\_ Phone: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_