

RELEASE OF INFORMATION

TODAY'S DATE _____

PRINT FULL NAME _____

SIGNATURE _____

SS# _____ GRADUATION YEAR _____

PHONE, E-MAIL, &/or PAGER# _____ V/TTY _____

I authorize the Disability Resource Center (DRC) to release the following information:

- diagnostic evaluation
- verification of accommodations/services used through DRC
- other _____

TO: print the name, address and/or fax # of the receiver:

I authorize _____ to consult with my DRC counselor concerning my disability related needs.