

## **AUTHORIZATION FOR RELEASE OF DISABILITY INFORMATION**

I hereby authorize the representatives of the Dean of Students Office and/or the Student Accessibility Coordinator to be permitted to review and obtain copies of information concerning my health, academic and assessment records for the purpose of evaluating eligibility and accommodation requests.

I further authorize representatives of the aforementioned offices to be permitted to release, discuss and exchange disability and accommodation requests information with Simpson College faculty, staff, or affiliated rehabilitation agencies on a need to know basis in order to provide full coordination of services.

I agree that any person(s) who may furnish information concerning my records or test data or therapist/counseling notes shall not be held accountable for releasing this information; and I do hereby release said person(s) from any and all liability for damage of whatever kind which may at any time result to me, my heirs, and family or associates because of compliance with this authorization and release of information, or any attempt to comply with it.

I further release Simpson College from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, and family or associates because of compliance with this authorization, or any attempt to comply with it.

I understand that I may revoke this authorization at any time, except to the extent that action has already been taken in reliance upon it, by giving written notice to the Student Accessibility Office and/or Dean on Students.

Print Student's Name \_\_\_\_\_

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_