Delaware State University SINCE 1891 | University College

Student Accessibility Services

Confidential Release of Information Form

Information you share with Student Accessibility Services (SAS) regarding the nature of your disability is considered confidential. Such information will be maintained in this office in a manner consistent with state and federal law.

There may be occasions, however, when in order to facilitate the provision of accommodations, SAS staff must speak with individuals outside of the office about your particular needs. Alternatively, a student may request that their medical documentation or accommodation information be provided to a person they identify.

In the event that a parent, step-parent, spouse, domestic partner, guardian inquires, or third party individual inquires about or calls on behalf of an individual registered with SAS, this Confidential Release of Information Form must be signed by the student with the disability and filed with SAS before SAS can discuss or provide confidential information to others.

I, the undersigned, give Student Accessibility Services permission to release the following information:

RELEASE:

☐ List of accommodations

☐ Copy of report evaluation from: _____ _____

Name of Evaluator Date of Evaluation

☐ Any information regarding my symptoms, limitations, condition, accommodations, and academic support needs

☐ Only the following information pertaining to my case: _____

RELEASE TO:

Name	Relationship to Student	Phone/Email Address

Unless I authorize a change in the future, this form will remain valid throughout my enrollment at Delaware State University.

_____ _____

Student's Name Student D#

_____ _____

Student Signature Date

Submit Form to SAS _____

I have read and understand the form however, **I choose *not* to authorize SAS to release my confidential information** at this time. Initials: _____ Date: _____