



DIVISION OF DIVERSITY AND COMMUNITY ENGAGEMENT
THE UNIVERSITY OF TEXAS AT AUSTIN

Services for Students with Disabilities – 100 West Dean Keeton St. A4100 – Austin, TX 78712
http://diversity.utexas.edu/disability/ • (512) 471-6259 • Fax (512) 475-7730 • VP (513) 410-6644

AUTHORIZATION TO RELEASE AND RECEIVE INFORMATION

Please be advised that your disability record constitutes privileged information that is protected by the laws of the State of Texas and may contain information protected under Federal Confidentiality Regulations. You may revoke this consent through written notice, but it will not apply to action that has been taken prior to the revocation.

I, _____
Last Name First Name Middle Initial

**request and authorize Services for Students with Disabilities – The University of Texas at Austin
To release to and discuss with**

| Name | Organization |
|------|--------------|
| | |

| Phone number | Email Address | Fax Number |
|--------------|---------------|------------|
| | | |

The following information from the SSD record of my disability and accommodations (please check ALL categories that apply):

| | |
|--------------------------|--|
| <input type="checkbox"/> | Documentation of disability |
| <input type="checkbox"/> | Student status with SSD |
| <input type="checkbox"/> | Proof of accommodations approved by SSD |
| <input type="checkbox"/> | Conversations as needed to facilitate academic achievement |
| <input type="checkbox"/> | Proof of course load reduction/medical withdrawal |
| <input type="checkbox"/> | Other, as specified: |

Via the following method(s):
 Telephone Email Fax In-person

This disclosure as authorized herein is made for the following purpose:

I specifically authorize the release of information pertaining to drug and alcohol abuse and/or HIV testing/test results if such is a part of the record. Release or transfer of the specified information to any person or entity not specified herein is prohibited by law.

Student Signature _____

I have read, or have had read to me, the terms and conditions of this agreement, and fully understand the same.
I do freely, voluntarily, and without coercion agree to those terms and the conditions contained herein.

Student Name (printed): _____ UT EID: _____

Student Signature: _____ DATE: _____

Witness Signature: _____ DATE: _____