

Hobart and William Smith College
Center for Teaching and Learning

Disability Services Release of Information

Full Name: _____

ID #: _____

I hereby give permission to Disability Services (CTL) to give/receive information related to my disability for the purpose of providing academic support to/from:

- | | |
|--|---|
| <input type="checkbox"/> Parents | <input type="checkbox"/> HWS Dean's Office |
| <input type="checkbox"/> Advisor | <input type="checkbox"/> Athletic Department |
| <input type="checkbox"/> Instructors | <input type="checkbox"/> Physician/Psychologist |
| <input type="checkbox"/> Other (Specify) _____ | |

If you are applying for a Housing and/or Meal Plan accommodation, you must check all of the following because decisions are made by committee:

- | | |
|--|--|
| <input type="checkbox"/> Hubbs Health Center | <input type="checkbox"/> Counseling Center |
| <input type="checkbox"/> Office of Residential Education | <input type="checkbox"/> Dining Services |
| <input type="checkbox"/> Other (Specify) _____ | |

If you are applying for a Study Abroad accommodations you must check all of the following*:

*If you are requesting a Housing and/or Meal Plan accommodation abroad, please reference the section above

- | | |
|---|---|
| <input type="checkbox"/> Global Education | <input type="checkbox"/> Study Abroad Sites |
|---|---|

Information requested from any of the above regarding:

- | | |
|---|--|
| <input type="checkbox"/> Academic Performance | <input type="checkbox"/> Medical Records |
| <input type="checkbox"/> Accommodations | <input type="checkbox"/> Psychological Evaluations |
| <input type="checkbox"/> Attendance/Punctuality | <input type="checkbox"/> Educational Evaluation |
| <input type="checkbox"/> Other (Specify) _____ | |

I have been told that in order to protect the limited confidentiality of records, my agreement to obtain or release information is necessary, and that this permission is limited to the purposes and to the persons/departments listed above. I understand that by written statement, I may withdraw my permission at any time. I also understand that I may ask to see the information that is to be sent.

FEDERAL REGULATIONS PROHIBIT DISCLOSURE OF THIS INFORMATION WITHOUT YOUR SPECIFIC WRITTEN CONSENT.

Signature: _____ Date: _____