Center for Students with DisABILITIES

Release of Information Authorization

I, _____ _____ _____,
(full name) (date of birth) (Student ID#)
("Student") hereby authorize the University of Houston Center for Students with DisABILITIES ("CSD") to release appropriate disability and/or accommodation-related information (specifically excluding medical records and professional diagnoses) concerning me in order to establish the appropriate course, classroom, and/or testing *accommodations* that I require to:

University of Houston administrators..... Student Initials:_____
University of Houston academic departments..... Student Initials:_____
University of Houston instructors and teaching assistants ..... Student Initials:_____
University of Houston staff ..... Student Initials:_____
Testing agencies (e.g., for the TASP, GRE, LSAT, etc.) ..... Student Initials:_____

_____..... Student Initials:_____

(I acknowledge and agree that this authorization does not apply to an entity or individual identified above if I have not initialed the line for such entity or individual.)

I acknowledge and understand that it is my responsibility to provide legible copies of medical records and diagnoses to CSD, and further that this Release of Information Authorization does not authorize or require CSD to release those records and/or diagnoses.

I release the University of Houston System (including regents, officers, administrators and representatives) and specifically CSD and its administrators and employees from any and all legal responsibility or liability resulting from the disclosure of information/records that I have authorized to be disclosed in this Release of Information Authorization.

I understand that this authorization is to remain in effect until I complete my studies at, or transfer from, the University of Houston unless earlier revoked; provided, however, this authorization shall not exceed a duration of five (5) years. In the event I wish to revoke this authorization, I understand that such revocation must be in writing and signed by me, and shall be effective one (1) business day after it is received by CSD at its office. I further understand that I may not maintain an action against the University of Houston for any disclosures made by its agents in good faith reliance on this authorization if CSD did not have written notice that the authorization was revoked.

CSD may contact the following individual(s) in case of an emergency involving my welfare:

Name: _____ Relationship to Student: _____
Telephones: Mobile: _____ Work: _____ Home: _____
Email: _____
Student authorizes CSD to discuss Student's accommodations with this person.

Name: _____ Relationship to Student: _____
Telephones: Mobile: _____ Work: _____ Home: _____
Email: _____
Student authorizes CSD to discuss Student's accommodations with this person.

A copy of this authorization bearing my witnessed signature shall be valid as the original. ***This form must be signed by Student before a CSD staff member***.

_____ _____
Student's Signature Date

_____ _____
Signature of ***CSD*** Witness Date

Note: Modification of this Form requires approval of OGC

Center for Students with DisABILITIES

Release of Information Authorization

If Student is under 18:

_____	_____
Signature of Parent	Date
_____	_____
Signature of Parent	Date

Note: Modification of this Form requires approval of OGC