AUTHORIZATION TO RELEASE MEDICAL OR OTHER CONFIDENTIAL INFORMATION

Please release the following confidential records:

- ☐ **Documentation of disability**
- ☐ **Medical Information**
- ☐ **Psychological or vocational assessment and treatment**
- ☐ **Educational Information**
- ☐ **Other**_____

FOR:_____

(Name of Student) **SS#:**_____ **Date of Birth:**_____

Information checked above may be exchanged between the following parties.

_____ **Arkansas State University**
_____ **Access & Accommodation Services**
_____ **P.O. Box 360**
_____ **State University, AR 72467**

I understand that I may revoke this consent to release information at any time; however, I also understand that any release which has been made prior to my revocation and which was made based upon this authorization shall not constitute a breach of my right to confidentiality.

_____ _____
(Student's Signature) (Date)

_____ _____
(Witness' Signature) (Date)

READ THE INFORMATION IN THE BOX BELOW AND INITIAL _____

Arkansas State University has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by the U.S. Department of Justice regulations while implementing Title II of the Americans with Disabilities Act. Title II states, in part, that "no otherwise qualified disabled individual shall, solely due to such disability, be excluded from the participation in, be denied the benefits for, or be subjected to discrimination" in programs or activities sponsored by a public entity.
Complaints should be addressed to Dr. Jenifer Rice-Mason, Coordinator of ADA and 504 compliance efforts for students.