

Release of Information Form

Information you share with the Office of Accessibility Services (OAS) 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, OAS staff must speak with faculty or staff outside of our office about your particular needs. On such occasions, OAS will only disclose information that is necessary to ensure that you receive proper accommodation for your disability.

In the event that a parent, step-parent, spouse, domestic partner, guardian, friend, etc. inquires about or calls on behalf of a student registered with OAS, this Release of Information Form must be signed by the student with the disability and filed with OAS before OAS can discuss confidential information with them.

I, _____
First Name
Last Name

Request and authorize the Office of Accessibility Services at Utah Valley University to release the following information (please check all categories that apply):

RELEASE:

- List of accommodations approved by OAS
- 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 |
|------|-------------------------|---------------------|
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I have read, or have had read to me, the terms and conditions of this agreement, and fully understand the same. I do free, voluntarily, and without coercion agree to those terms and conditions contained herein. Unless I authorize a change in the future, this form will remain valid throughout my enrollment at Utah Valley University.

Student's Name

Student's UVID

Student's Signature

Date