



DIVISION OF CAMPUS AND COMMUNITY ENGAGEMENT

THE UNIVERSITY OF TEXAS AT AUSTIN

Disability and Access · 100 West Dean Keeton St. A4100 · Austin, TX 78712-1093
community.utexas.edu/disability/ · (512) 471-6259 · FAX (512) 475-7730 · VP (512) 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 Disability and Access – The University of Texas at Austin
To release to and discuss with

Table with 2 columns: Name, Organization

Table with 3 columns: Phone number, Email Address, Fax Number

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

Table with 2 columns: checkbox, category (Documentation of disability, Student status with D&A, Proof of accommodations approved by D&A, Conversations as needed to facilitate academic achievement, Proof of course load reduction/medical withdrawal, 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: