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DISABILITY AND ACCESS THE UNIVERSITY OF TEXAS AT AUSTIN

100 West Dean Keeton St. A4100 · Austin, TX 78712-1093 disability.utexas.edu · (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.

л,						
	Last Name	First Name	Middle Initial			

request and authorize Disability and Access - The University of Texas at Austin To release to and discuss with

Name	Organization

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):

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 **Fax**

Email

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: