

STUDENT RELEASE OF INFORMATION FORM

ADA Office  
Americans with Disabilities Act  
413 Academy St. Room 165  
Newark, DE 19716  
302-831-3670 or 4643

I, \_\_\_\_\_ give permission to the ADA Office to discuss information concerning my case to individuals on a need to know basis in accordance with FERPA. I can amend this release of information form to exclude individuals, and this restriction may limit the ability of the ADA Office to pursue recommendations for reasonable accommodations. This information is kept confidential in accordance with relevant laws.

By signing this document, I agree to the conditions listed above.

Name printed: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Restrictions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

Outside professionals and/or agencies involved in my treatment that may be contacted for consultation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_