

IOWA STATE UNIVERSITY
Student Disability Resources Office
1076 Student Services Building
Ames, IA 50011-2222
(515) 294-7220
(515) 294-2397 FAX

Authorization for Release of Confidential Information

Name: _____ Social Security Number: _____
Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

I, _____ hereby request/authorize the release of confidential information from/to Disability Resources Of Iowa State University and from/to:

Name: _____ Title: _____
Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

I request that the following information be released: (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> IQ test results | <input type="checkbox"/> Educational test results |
| <input type="checkbox"/> Disability documentation | <input type="checkbox"/> Diagnosis statement |
| <input type="checkbox"/> Treatment history | <input type="checkbox"/> Medical test results* |
| <input type="checkbox"/> Mental health information * | <input type="checkbox"/> Substance abuse information* |
| <input type="checkbox"/> Other _____ | |

The purpose of this disclosure is:

- Determine eligibility for accommodations
 Update existing file
 Other _____

I understand that I may revoke this release at any time, otherwise, this release will automatically expire one year from today's date, or by _____. No information released under the terms of this authorization may be re-disclosed without the written permission of the client.

Please direct information released to Iowa State University, Student Disability Resources

Student signature _____ Date: _____

Witness signature _____ Date _____

*Specific authorization for release of information protected by state or federal law. (Must INITIAL and SIGN both in the box.) I specifically authorize the release of information relating to:

- _____ Substance Abuse (alcohol/drug abuse)
 _____ Mental Health (includes psychological testing)
 _____ HIV-Related Information (AIDS related testing)

Signature _____ Date _____

Disability Resources cannot guarantee the confidentiality of documents transmitted by fax. Please initial if you want information to be transmitted by fax.

Initials _____