



AUTHORIZATION TO RELEASE INFORMATION to STUDENT

Organization to make disclosure:

Office of Learning Resources
Disability Services
University of Dayton
300 College Park
Dayton, OH 45469

Name of student to receive information:

Student Name _____

Student Identification (SID) #: _____ OR **Date of Birth** if SID# unknown: _____

Extent or nature of information to be released (select all that apply):

- Copy of all records provided to OLR related to my accommodation request
- Verification of accommodations provided while attending University of Dayton
- Completion of application or supporting information for accommodations on a standardized test.

Mark which standardized test:

- GRE (Graduate Record Exam)
- OAE (Ohio Assessments Educators)
- LSAT (Law School Admission Test)
- Other test: _____

- Other information (please explain) _____

I do hereby authorize the release of my records as indicated on this form. I understand this authorization may be revoked by me at any time and in any event, automatically expires 60 days from this date.

Student Signature _____ Today's Date _____

CONFIDENTIAL (For Professional Use Only)

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical information is NOT sufficient for this purpose.

Please return your signed form to Roesch Library Room 023, or send it via fax, email, or standard mail.

Phone: (937) 229-2066 or Ohio Relay 711 | Fax: (937) 229-3270 | disabilityservices@udayton.edu