



DIVISION OF DIVERSITY AND COMMUNITY ENGAGEMENT

THE UNIVERSITY OF TEXAS AT AUSTIN

Services for Students with Disabilities • 1 University Station A4100 • Austin, TX 78712-0175
http://www.utexas.edu/diversity/ddce/ssd/
(512) 471-6259 • FAX (512) 475-7730 • VP (866) 329-3986

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. If not revoked earlier, this consent form expires upon graduation, or as specified below.

Date, event, or condition upon which this consent expires

I, (please print legibly) Last Name First Name Middle Initial request and authorize

Name of Department/Institution

Street Address City State Zip Code

(area code) Phone

(area code) Fax

- To release / To receive Counseling record / psychiatric record / medical history
To release / To receive Student status/intake information
To release / To receive Assessment of skills information
To release / To receive Conversations as needed to facilitate academic achievement
To release / To receive Dates of appointments
To release / To receive Laboratory/assessment data
To release / To receive Complete psychoeducational report
To release / To receive Other, as specified:

BY: Fax Telephone Mail

TO / FROM: Name (SSD Staff)

Services for Students with Disabilities – The University of Texas
University Station A4100, Austin, Texas, 78712-0175
PHONE: (512) 471-6259 FAX: (512) 475-7730

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

This disclosure as authorized herein is made for the following purpose:

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: