



RELEASE OF INFORMATION

In order to explore possible coverage and reasonable accommodations, it is at times necessary for the Office of Inclusive Learning and Accessibility Services to make appropriate disclosures of the documentation that has been submitted to our office (DARF, Medical Verification Documentation, diagnosis, personal requests/ statements) to providers such as licensed physicians, psychologists or other qualified professionals, and to discuss the student's impairment with other faculty and professional staff at MSM on a need-to-know basis. I hereby give permission for the Office of Inclusive Learning and Accessibility Services to exchange information regarding the documentation I have submitted to the OILAS with my provider(s) (physician, psychologist, or other qualified professional), and to discuss my impairment with the school's faculty and professional staff. This authorization will remain in effect for the duration of the student's enrollment. I understand that I may revoke this release of information privilege at any time by informing OILAS. I understand that this information is desired in order to assist those who are helping with my education and request for accommodation(s), and that my refusal to authorize consent may result in a denial of specific accommodations. I also understand that my disability documentation will be kept on file for five years and that I should keep a copy of any records pertaining to my disability.

Learner's Signature: _____ **Date:** _____

Licensed Provider's Name: _____

Phone #: _____

