THE UNIVERSITY OF ALABAMA IN HUNTSVILLE

Disability Support Services

317 Wilson Hall
Huntsville, AL 35899
T 256.824.1997
F 256.824.5655
dssproctor@uah.edu

AUTHORIZATION FOR THE RELEASE OF CONFIDENTIAL INFORMATION

Student Name: _____ Student A#: _____

Information to be released FROM (check all that apply):

□ UAH Disability Support Services
□ Other UAH office (please specify) _____
□ Other institution (please specify) _____
□ Other facility/agency (please specify) _____
Contact information _____

Type of information to be released (check all that apply):

□ All pertinent information contained in my file
□ Pertinent information required to arrange reasonable disability accommodations
□ Record of attendance
□ Other (please specify) _____

Information to be released TO (check all that apply):

□ UAH Disability Support Services
□ UAH Faculty/Staff/Administration
□ Parents/guardians
□ Alabama Department of Rehabilitation Services (name of employee) _____
□ Other institution (please specify) _____
□ Other facility/agency (please specify) _____
Contact information _____

This authorization is valid for the time written below or 160 days. It may be revoked at any time in writing prior to the expiration date.
This authorization is valid until _____

_____ _____
Student signature Date

This form must be submitted in person with signature in ink.

Notice to person/agency receiving disability information: This information has been disclosed to you from records whose confidentiality may be protected by federal and state law. If the records are so protected, you are prohibited from making any further disclosure without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. An unauthorized disclosure of disability information is unlawful and may result in civil damages and/or criminal penalties.

*****Any photographic or machine copy of the signed form will be legal*****