

AUTHORIZATION FOR RELEASE OF INFORMATION

Name of Student: _____

Program: _____

Date of Birth: _____

Address: _____

City, State and Zip Code: _____

Phone number: _____ (Cell)

Email address: _____

STUDENT RELEASE AND SIGNATURE

I Hereby Authorize (person/agency to release the information)

Name of Person/Agency:

Address:

City, State, Zip _____

Phone: _____ Fax: _____

Email: _____

To Release Information to:

Lynn Dodge, Coordinator of Student Accessibility Services

University of Mary

7500 University Drive

Bismarck, ND. 58504

Phone: 701-355-8264

Email: ljdodge@umary.edu

Check for two –way verbal and written release of information.

The Following Information Is Requested (Be specific)

The Information Identified Above Will Be Used For: (List Each Purpose)

This Authorization to Disclose Information Remains in Effect Until: (Date) _____

STUDENT CONSENT

This authorization is voluntary and remains in effect until the above date, unless specifically revoked by written notice to the agency or person. Any information disclosed prior to written revocation of this authorization shall not be a break of confidentiality. A photocopy of this authorization is as effective as the original. Unless otherwise agreed in writing, information may be disclosed under this authorization in any form or medium, including oral, written, or electronic transmission.

Signature of Student: _____ Date: _____