

**Drew University
Accessibility Resources
Authorization for RELEASE of Information**

I _____ authorize the Office of Accessibility Resources (Dana Giroux) to release information regarding my educational, psychological and/or medical history/and current status to the following:

Parent: _____

Medical/Psychological Professional: _____

Drew Staff: _____

The question of privacy between the Office of Accessibility Resources, Dana Giroux, and myself is waived. This authority extends to furnishing OAR with copies of any or all desired parts of my records, including:

1. Diagnosis and treatment of a psychiatric, medical and/or learning condition which may be disabling.
2. How the condition(s) affect(s) the student in an academic setting.
3. Recommendations for academic accommodations at the university level.



I give permission to the Office of Accessibility Resources to notify professors and as appropriate other employees of Drew University of the classroom accommodations permitted by Section 504 of the Rehabilitation Act / ADA that I might require.

Student Name:

Student Signature/Date:
