



EASTERN CONNECTICUT STATE UNIVERSITY

83 WINDHAM STREET • WILLIMANTIC, CONNECTICUT 06226 • 860-465-5000

The Office of AccessAbility Services

Authorization to Release or Obtain Information

The Office of AccessAbility Services (OAS) takes seriously its obligation to preserve confidentiality of student information as required by applicable federal and state laws and regulations and by Eastern Connecticut State University's various policies and procedures. The OAS also strives to provide the most efficient service possible. In order to balance these interests, the OAS requires student to designate in advance any person to whom their confidential information and records may be released/shared, or from whom confidential information or records may be obtained.

I, _____ (ID#: _____) hereby authorize the OAS to release to, and obtain from, the following parties confidential information concerning my disability and request for accommodations as the OAS, in its professional judgment, deems necessary to assist me while enrolled at Eastern Connecticut State University:

(Release/Obtain)

Name: _____

Address: _____

Phone: _____

(Release/Obtain)

Name: _____

Address: _____

Phone: _____

(Please Initial)

_____ I understand that records and information concerning my disability and/or requests for accommodations are protected under law and cannot be released to anyone outside the university without my express written consent unless otherwise permitted or required by law. As a result, no such disclosure will be made, except in the event of a medical emergency, unless such persons to whom disclosure is to be made are identified in this or a supplemental Authorization.

_____ I understand that the OAS may, from time to time, release confidential information to other offices and personnel of Eastern on a need-to-know basis in order to consider, process, and manage my requests for accommodations and that such disclosure is permitted under law.

_____ I understand that the OAS may further communicate, correspond, discuss with, or otherwise release confidential information concerning my requests for accommodation to the individuals identified above.

_____ I understand this Authorization does not include personal information I share during my participation in an OAS program, including Eastern Prep and the Peer Mentoring Program.

_____ I understand that this Authorization will remain in effect until the earlier of my graduation or withdrawal from Eastern, unless otherwise revoked by me in a signed and written letter, which must be delivered to the OAS prior to revocation taking effect.

_____ I understand that immediately upon the OAS receiving notice of my graduation or withdrawal from Eastern or revocation of this Authorization, no person identified above will have access to my confidential information unless I expressly request such release in writing and submit to the OAS prior to such release or unless otherwise permitted or required by law.

Signature: _____

Date: _____