



## AUTHORIZATION FOR RELEASE OF INFORMATION

NAME OF CLIENT \_\_\_\_\_ BYU ID# \_\_\_\_\_ PHONE \_\_\_\_\_

(Please fill out a separate form for each third party/recipient.)

**I AUTHORIZE** the University Accessibility Center (UAC) to: **(Please check one or both boxes as applicable.)**

**Communicate** regarding my disability-related information (i.e., evaluation/assessment, diagnosis, accommodations, etc.) with the party listed below. **This consent is valid for 12 months following the signed date.**

**Release Records** to the party listed below. **This consent is for one-time use only.**

\_\_\_\_\_  
(Name of Third Party/Recipient)

\_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
(Organization/Entity)

\_\_\_\_\_  
(Phone)

**X**

\_\_\_\_\_  
**(Client Signature)**

\_\_\_\_\_  
**(Date)**

**RELEASING RECORDS:** Records to be released and the **purpose** of the release: (Please list any special instructions.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Requested Method of Records Release:**

Fax  Mail  In Person  Email (I understand that emailing might be less secure than the other forms of communication and will not hold the UAC responsible should this information be obtained by an unauthorized party.)

Fax number, mailing address, or email address: \_\_\_\_\_

**Disclosure and revocation:** I understand that the UAC cannot guarantee that the Recipient will not disclose my disability-related information to an unauthorized party. (The Recipient may not be required to abide by this Authorization or applicable federal and state law governing the use and disclosure of my disability-related information.) I understand that I can revoke this authorization by providing a written notice of revocation to the UAC at BYU. The revocation will be effective immediately upon the UAC's receipt of my written notice, except that the revocation will not have any effect on any action taken by the UAC prior to receipt of said revocation.

**For Office Use Only**  Entered **Communicate** in AC01 Coordinator Notes: \_\_\_\_\_

When records are being released: \_\_\_\_\_

\_\_\_\_\_  
(Approval Signature of Coordinator or Director)

\_\_\_\_\_  
(Approval Date)

\_\_\_\_\_  
(Releasor Signature)

Faxed  Mailed  In Person  Emailed

Filenote created

\_\_\_\_\_  
(Date of Release)