

Authorization for Release Form

You have the right not to disclose any information relating to your disability to a professor or any other person. In order to assist in providing you with reasonable accommodations, it would be helpful to inform selected faculty based on your course accommodation to better assist you in achieving academic success.

In accordance with Shaw University's policy and procedures for students with disabilities and your right to confidentiality, you must complete this form to authorize the release of information. The release form authorizes the Counseling Center to disclose your disability and information provided to us, which will be useful members who will be assisting you.

I, _____ indicate by signing this release form on

Name

_____ that I have given to the Shaw University Counseling

Date

Center staff to discuss:

_____ A) Information that I have shared about my disability

_____ B) Information provided by my psychological assessment, educational assessment, vocational assessment or physical examination

I hereby release the Counseling Center staff to share the information with the following:

Academic Advisor: _____

Faculty Member(s): _____

Other _____

Student's Signature: _____

Counselor's Signature: _____