



Student Disability Services
 Rogers State University
 1701 W. Will Rogers Blvd.
 Claremore, OK 74017
 918-343-7707
 918-343-7712 fax
 www.rsu.edu

Authorization for Release or Receipt of Information

The following person:

Name (printed)	Street Address
Student Identification No.	City, State
	Telephone Number

is attempting to obtain educational accommodation at Rogers State University under Section 504 of the Rehabilitation Act (1973) and the Americans with Disabilities Act (1990). The signature on this release form is intended to give permission from the applicant to you or your agency to release information pertaining to his/her disability to RSU Student Disability Services. This consent form expires on the date or under the condition(s) specified below:

Date or condition(s) under which agreement expires
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The information you provide should:

- ✓ State and describe the nature and extent of the diagnosed condition.
- ✓ List and describe the diagnostic tools with relevant scores used to make this determination.
- ✓ Provide dates or a time frame for any examination(s) or assessment(s).
- ✓ Indicate the licensing, certification or credential of the responding professional with signature.
- ✓ Be current { within the last 3-5 years for learning disabilities, last year for psychiatric disabilities, last 3 years for AD/HD, and reasonably current for other conditions} .
- ✓ Describe any other relevant educational or medical history.

I authorize the following agency or person(s) to release information as described above:

To: _____

(Name and Credential)	(Street Address)
(City, State, Zip)	(Telephone)

I have read, or have had read to me, the terms and conditions of this agreement, and I fully understand these items. I understand that my records will be handled in a confidential manner. And I agree to allow the release of this information to any appropriate university staff for the purpose of coordinating educational services on my behalf. I understand that I may terminate this release at any time by meeting with the Director of Student Development. My signature may be taken as acceptance and permission to provide confidential information regarding my disability to Rogers State University.

Signature of Student _____	Date _____
Signature of Witness _____	Date _____