



UNM

Accessibility Resource Center

RELEASE/DISCLOSURE AUTHORIZATION FORM

I authorize Accessibility Resource Center to obtain or release written or oral information about:

Student's Name:

DOB:

Address:

Telephone Number:

Regarding:

☐ Evaluation

☐ Services

☐ Testing

To:

Name of Person or Agency:

Person or Agency Address:

Telephone Number:

Fax Number:

We request this disclosure:

☐ For obtaining documentation of a disability (visual, hearing, medical, psychological)

☐ For facilitating continuing education services

☐ For coordinating services

☐ For other reasons (specify):

I understand information obtained or, released by Accessibility Services will be used to assist with the provision of accommodations or services, and I give consent for disclosure of this information.

Valid until: _____

STUDENT SIGNATURE

DATE

****Notice to receiving agency or person: Do not re-disclose this information.**

The University of New Mexico, Accessibility Resource Center

MSC06 3810

1 University of New Mexico

Albuquerque, NM 87131-0001

Phone: 505.277.3506 Fax: 505.277.3750 <http://arc.unm.edu>