



Office of Disability Services

RELEASE OF CONFIDENTIAL INFORMATION

Disability Services strives to protect the confidentiality of students with disabilities. In requesting accommodations, it may become necessary to release a student's identity to those assisting in the provision of the service/adjustment. Specifics about the nature of the student's disability are rarely released without the student's permission. However, to ensure the most effective provision of services and academic adjustments, it may be very helpful for Disability Services to discuss a student's academic and disability information on a need-to-know basis.

The purpose of this form is to guide Disability Services in its communication with others on your behalf. Please consider the following choices and ask Disability Services for any clarifications desired.

I give my permission for the mutual exchange of information regarding my academic and/or medical/psychological records between the Office of Disability Services and the following: (PLEASE INITIAL ALL THAT APPLY)

	Faculty in whose classes I am currently or expect to be enrolled		Engle Center for Counseling and Health Services
	Advisor		Writing Center supervisor
	Residence Education		Learning Center supervisor
	Dean or Provost		Other campus office (list):
	Financial Aid Office		
	Dept. of Safety		
	Registrar's Office		Off-Campus Agencies (list):
	Career Center/Agapé Center		Temple University Disability Services
	Parents		

The following listed offices/individuals are specifically excluded from this agreement:

All records sent to Disability Services may be reviewed by the student.

I understand that all information released and discussed will be utilized only for the benefit of my educational program at Messiah College. Further, I understand that I may amend this agreement at any time and, unless I note otherwise, it will remain in effect until completion of my program at Messiah.

Student's Signature:

ID#

Date: