

Permission to Release Information

I _____, hereby give my permission to Troy University to
Print Name

discuss information concerning my disability and accommodations and/or to release documentation on my disability, with individuals who will be involved in the delivery of services to me for my benefit. I also give permission for other agencies and individuals to discuss and release information to the Troy University Disability Services Coordinator. In addition, pertinent information related to my disability may be provided to facilitate the delivery of services on a “need to know” basis. These individuals include, but are not limited to (1) parents, (2) guardian, (3) spouse, (4) faculty and staff of Troy University, and/or (5) other professionals or agencies involved in services, support, accommodations or consultation as deemed appropriate by the Disability Services Coordinator/Director of Human Resources.

For students, permission to release information will remain in effect until graduation. For employees, permission remains in effect throughout the term of employment with Troy University. Permission may be rescinded in writing at any time.

Signature of Student/Employee

Date Signed

Disability Services Coordinator/
Director of Human Resources

Date Signed

Notice to Party Receiving Information: This information has been disclosed to you from records whose confidentiality is protected by federal law which prohibits you from making further disclosure of information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.