# AUTHORIZATION FOR RELEASE OF INFORMATION

**NAME OF CLIENT**

____________________________________

**ID#**

**PHONE**

(Please fill out a separate form for each third party/recipient.)

I AUTHORIZE Ensign College’s Disability Service Office to:  

☐ Communicate regarding my disability-related information (i.e., evaluation/assessment, diagnosis, accommodations, etc.) with the party listed below. **This consent is valid for 12 months following the signed date.**

☐ Release Records to the party listed below. **This consent is for one-time use only.**

<table>
<thead>
<tr>
<th>(Name of Third Party/Recipient)</th>
<th>(Relationship)</th>
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<th>(Organization/Entity)</th>
<th>(Phone)</th>
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X

______

(Client Signature)

______

(Date)

**RELEASING RECORDS:** Records to be released and the **purpose** of the release: (Please list any special instructions.)

_______________________________________________________________________________________

_______________________________________________________________________________________

**Requested Method of Records Release:**

☐ Fax  ☐ Mail  ☐ In Person  ☐ Email  

(I understand that emailing might be less secure than the other forms of communication and will not hold Ensign College responsible should this information be obtained by an unauthorized party.)

Fax number, mailing address, or email address: __________________________________________________

**Disclosure and revocation:** I understand that Ensign College cannot guarantee that the Recipient will not disclose my disability-related information to an unauthorized party. (The Recipient may not be required to abide by this Authorization or applicable federal and state law governing the use and disclosure of my disability-related information.) I understand that I can revoke this authorization by providing a written notice of revocation to Disability Services at Ensign College. The revocation will be effective immediately upon Ensign College’s receipt of my written notice, except that the revocation will not have any effect on any action taken by Ensign College prior to receipt of said revocation.

<table>
<thead>
<tr>
<th>For Office Use Only</th>
<th>☐ Entered Release in AIM</th>
<th>Coordinator Notes:</th>
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When records are being released:

_______________________________________________________________________________________

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<th>(Approval Signature of Manager)</th>
<th>(Approval Date)</th>
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☐ Faxed  ☐ Mailed  ☐ In Person  ☐ Emailed  _______

______

(Releasor Signature)

☐ Note created  (Date of Release) ____________

______

For Office Use Only

☐ Entered Release in AIM

Coordinator Notes:

_______________________________________________________________________________________

_______________________________________________________________________________________

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<th>(Approval Date)</th>
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☐ Faxed  ☐ Mailed  ☐ In Person  ☐ Emailed  _______

______

(Releasor Signature)

☐ Note created  (Date of Release) ____________

DISABILITY SERVICES • ENSIGN COLLEGE • OFFICE 937 • SALT LAKE CITY, UT 84101
Office (801) 524-1936  FAX (801) 524-1900  Email: disabilitieservices@ensign.edu  Website: ensign.edu/disability-services