



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: (Please check one or both boxes as applicable.)

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.**

(Name of Third Party/Recipient) (Relationship)

(Organization/Entity) (Phone)

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.

For Office Use Only	<input type="checkbox"/> Entered Release in AIM	Coordinator Notes: _____
When records are being released: _____		
_____	_____	_____
(Approval Signature of Manager)	(Approval Date)	
_____	<input type="checkbox"/> Faxed <input type="checkbox"/> Mailed <input type="checkbox"/> In Person <input type="checkbox"/> Emailed	_____
(Releasor Signature)	<input type="checkbox"/> Note created	(Date of Release)