Ensign College—Disability Services

Permission to Release Information from College

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(Name of Student) (Ensign Student ID #)

hereby authorize Ensign College Disability Services to release, whether via paper, oral, or electronic interchange, information concerning my disability (documentation, modifications, and disability related needs) for the purpose of assisting me in my academic program, as well as in determining reasonable modifications.

to:

Name/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorize that this information release will be in effect for:

\_\_\_\_\_\_ Current semester

\_\_\_\_\_\_ The period \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ Throughout the time that I am enrolled as a student at Ensign.

I understand that I may revoke this permission to release information at any time by submitting written notice to Ensign College Disability Services.

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Student Signature Date

Ensign College

95 N. 300 W. Salt Lake City, UT 84101

OFFICE: 801-524-8151

FAX: 801-524-1900

E-MAIL: DisabilityServices@ensign.edu