



STUDENT DISABILITY SERVICES INFORMATION RELEASE FORM

Name of Professional: _____

Agency, Company or Clinic: _____

Address: _____ City, State, ZIP _____

I, _____ SSN _____ DOB _____,
hereby request that you release complete information concerning my current physical and/or psychological condition to Uintah Basin Applied Technology College for the purpose of providing services and appropriate accommodations while I am a student at the college. Please provide all information as it relates to diagnosis, treatment, capabilities, limitations and recommendations. You are also authorized to answer any questions and discuss my case with my advisor. If you have questions about this request, please call me at _____.

Please **fax or mail** the information to:

Jim LaMuth, ADA Coordinator
Uintah Basin Technical College
450 North 2000 West
Vernal, UT 84078
Phone: 435-725-7103 Fax: 435-725-7199

Authorizations to the individual listed above are valid during my enrollment at the college but may be revoked by me, at any time, through a written request to my advisor. Revocation will not affect information received and/or given previously.

I also acknowledge that information regarding my disability and functional limitations may be shared with specific individuals within the college on a need-to-know basis.

Student's Printed Name _____

Student's Signature _____ Date _____