



Accessibility and Disability Service
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ADSFrontDesk@umd.edu
301.314.7682 TEL 301.405.0813 FAX

Confidential Information Release Form

I, (Please print clearly) agree to allow the University of Maryland DSS office to:
REASON FOR REQUEST:

* Use this section if you want UMD's DSS to send information to another institution OR give information to individual/s indicated below.

RELEASE: List of Accommodations only.
* Copy of report written report/evaluation from Physician or Psychologist:
(Include name of provider, organization and date of report)
* Please note: We are not able to honor some requests due to third party confidentiality restrictions specified by certain practitioners. If this is the case, we will contact you.

Provider's Name:

Organization: Date of report:

Only, the following information pertaining to my case:

Release to: Parents/Guardians (specify names):
I will pick up
Send to: Name
Institution
Address or Fax#:

* Use this section if you want another institution/individual to send information to the DSS office at University of Maryland.

OBTAIN: The following information pertaining to my case:

Copy of written report or evaluation from Physician or Psychologist:

Accommodation Letter

Obtain from: Name

Institution

Address or Fax:

* Information should include the client's contact information, so they can be notified when it is received in our office.

* Complete this section for both "Release and Obtain" request sections.

Signature of Client Date UID# Date of Birth

Contact Phone

Email address

For Office Use Only > ADS Staff Member Name

Signature

Date