Confidential Information Release Form

I, ______________________________ agree to allow the University of Maryland DSS office to:  ☐ Release  ☐ Obtain

(Please print clearly)

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