



## **INFORMATION RELEASE FORM**

NOTE: THIS RELEASE EXPIRES ONE YEAR FROM DATE SIGNED

cc: file

то:	(Practitioner)
FROM:	(Student)
	David Golias, MA, MS, and Yvonne R-B Banks, Ed.D.
Date:	
Subject:	Release of Information to Disabilities Office for Support Services (DOSS)
TO WHON	I IT MAY CONCERN:
I give permission for you and/or your establishment to release all data about my current/ past diagnosis as it relates to my needs, to the Disabilities Office for Support Services at the University of Northwestern – St. Paul. The information may include assessments, individualized educational plan, referrals, intake information, summary, diagnosis, and general communication. Typically, an Assessment Summary covers the vital information needed to determine reasonable accommodations.	
THE DOCL	JMENTATION SHOULD INCLUDE:
• A 0	dated statement of the diagnosis
• Th	e basis for the diagnosis (history)
	e current functional impact of the disability on my academic performance, appropriate justments, current accommodations, and other related ADA services
It is my understanding that this information will be used to help in the assessment of my educational needs, as well as provide data for the planning process.	
Student's	signature: Date:
Printed Name:	

## PLEASE SUBMIT COMPLETED FORM TO:

Laura Haugerud, MC# N4232, 3003 Snelling Avenue North St. Paul, MN 55113-1598

Phone: 651-628-3241 | Fax: 651-628-2065