

Office of Learning Resources  
**AUTHORIZATION TO RELEASE INFORMATION**

Last Name	First Name	M.I.	Student ID Number

The Office of Learning Resources makes every effort to protect the confidentiality of information related to its services. All information maintained in OLR including use of service, correspondence, consultation data, documentation, and accommodation letters are considered confidential and will be managed in accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA).

By signing this document, I give my consent to the Office of Learning Resources to release and/or discuss information from my file with the following parties, as designated below:

\_\_\_\_\_  
Name and Relationship to student (e.g. parent, spouse, sibling, friend, instructor / professor, other university personnel)

\_\_\_\_\_  
Name and Relationship to student

\_\_\_\_\_  
Name and Relationship to student

\_\_\_\_\_  
Name and Relationship to student

**Types of Information**

Disability Services information

Voluntary Medical Withdrawal information

**This authorization can be revoked by me at any time with written notification to the Office of Learning Resources.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

NOTE: Complete and submit this form (a) by sending as a pdf file from the student's UD email address to [disabilityservices@udayton.edu](mailto:disabilityservices@udayton.edu); (b) by delivering a print copy to the Office of Learning Resources, Roesch Library Room 023.