RELEASE OF INFORMATION

Information that you share with the Office of Disability Services regarding the nature of your disability is considered confidential. Such information will be maintained in ODS in a manner consistent with state and federal laws governing confidentiality. There will be occasions when, in order to facilitate provision of accommodations, Office of Disability Services staff must talk with faculty or staff about your particular needs. The information to be disclosed and shared will be restricted to a discussion of accommodations only, and no information regarding the nature of your disability will be released. If you agree, please indicate below with your signature.

__________________________________________________________________________
Print Name                                             Signature

__________________________________________________________________________
Date

The following statement addresses the right of the student’s individual privacy. In the even a parent, step-parent, or guardian inquires about or calls on behalf of a student, the Office of Disability Services must have a written release signed by the student to be able to speak with them.

I give the Office of Disability Services permission to speak with my parents, step-parents, or guardians about me and my progress as a student registered in the Office of Disability Services at UIS.

______ Agree          _______ Disagree

__________________________________________________________________________
Signature                                            Date

With approval from ODS the University Registrar can provide students who are registered with Disability Services priority registration during the early enrollment period each semester. In order to insure that priority registration is available, your name must be released to them.

If you agree to have your name released to University Registration identifying you as a student registered with Disability Services, please indicate below.

______ Agree          _______ Disagree

__________________________________________________________________________
Signature                                            Date