

## Release of Information

I, \_\_\_\_\_, do hereby authorize permission for Heidelberg University Accessibility Services Office to:

\_\_\_\_\_ release information to: \_\_\_\_\_

\_\_\_\_\_ obtain information from: \_\_\_\_\_

\_\_\_\_\_ exchange information with: \_\_\_\_\_

In regards to:

Medical Testing Results     Psychological Test Results     Medical Records

Medical Diagnosis     Mental Health Diagnosis     Counseling Records

School Records     Other \_\_\_\_\_

A copy of this authorization made by duplicating process shall be valid for all purposes as this original signed by me. I understand that the release form must be dated not more than sixty (60) days before the date on which it is submitted. I understand this authorization may be revoked in writing at any time, except to the extent that action has been taken in reliance of the authorization. Unless otherwise revoked, this authorization will expire on the following date, event, or condition:

\_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_