



## Authorization for Request or Release of Information

The Family Educational Rights and Privacy Act of 1974 (FERPA), as amended, is a federal law designed to protect the privacy of and limit access to the educational records of students. No one outside of Western Connecticut State University (WCSU) shall have access to nor will the University disclose any information from a student’s educational records without the permission of the student unless such actions are covered by certain exceptions as stipulated in FERPA. Consent from the student is requested in advance with whom the student’s confidential information and records may be released/shared, or from whom confidential information or records may be obtained. Confidentiality is not maintained in cases of child abuse, or suicidal/homicidal intent.

AccessAbility Services (AAS) works to preserve confidentiality of student information as required by applicable federal and state laws and regulations. AAS is the University agent charged with the responsibility for collecting and maintaining disability documentation. All information provided to AAS is kept in a confidential, secure file with limited access, including demographics, disability documentation, and records of each contact and action taken. Confidential information will only be shared within the institutional community if there is a compelling educational reason, such as a threat to an individual’s safety and/or emergency situation or in order to provide reasonable accommodations.

I, \_\_\_\_\_, make the following authorizations regarding the release of information pertaining to me for the purpose of assisting me at WCSU, as well as in determining reasonable and appropriate accommodations. I understand that FERPA protects the privacy of my student educational records and information concerning my disability and/or request for accommodations cannot be released to anyone outside the university without consent unless otherwise permitted or required by law.

- 1. Permit AccessAbility Services to contact my current treating physician, psychiatrist, therapist, case manager, and/or BRS, BESB, or other relevant state agencies to further discuss and/or obtain additional information regarding the nature of my medical condition, medical records, and history of treatment.

**Authorize**                       **Do Not Authorize**

- 2. Permit AccessAbility Services to discuss academic, medical or personal information with my parents, guardians, and/or designated family member(s).

**Authorize**                       **Do Not Authorize**

Parent/Family member name(s): \_\_\_\_\_

I understand that these authorizations may be withdrawn at any time by me through a written, signed and dated request or by completing a new Authorization for Request or Release of Information. By signing this release, I acknowledge that information regarding my rights and responsibilities as a student with a disability at Western Connecticut State University is available at [www.wcsu.edu/accessability](http://www.wcsu.edu/accessability).

\_\_\_\_\_  
Print Name

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

\_\_\_\_\_  
Date