



Accessibility Resources

AUTHORIZATION OF RELEASE/EXCHANGE OF INFORMATION

I, _____, do hereby authorize the release and exchange of the following:

- 1. Diagnosis of the individual's condition
- 2. Documentation of the individual's condition
- 3. Recommendation for academic accommodations
- 4. Other: _____

Between the following individuals and/or agencies:

Name: _____

Title: _____

Address: _____

City/ST/Zip: _____

Phone: _____ Fax: _____

AND

Accessibility Resource Coordinator
MSU-Northern
130-13th St. West
P.O. Box 7751
Havre, MT 59501
(406) 265-3533

I understand that all information released and/or exchanged is confidential and may not be released to any party other than those listed above without my written consent. I also understand that I may cancel this agreement at any time by notifying either party listed above in person or in writing.

Printed Name: _____

Signature: _____ Date: _____