

## **Accessibility Resources**

## **AUTHORIZATION OF RELEASE/EXCHANGE OF INFORMATION**

following:  1. Diagnosis of t individual's condition 2. Documentation of the individual's condition 3. Recommendation for academic accommodations 4. Other:	l,		, do hereby authorize th	e release and exchange of the	
2. Documentation of the individual's condition 3. Recommendation for academic accommodations 4. Other:				, and the second	
3. Recommendation for academic accommodations 4. Other:	1.	Diagnosis of t individual's condition			
4. Other:	2.				
Name:					
Name:  Title: Address:  City/ST/Zip:	4.	Other:			
Title:	Between	the following individuals and/or agend	ies:		
Address:	Name:				
City/ST/Zip: Fax:  Phone: Fax:  AND  Accessibility Resource Coordinator  MSU-Northern 130-13t 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:	Title:				
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