

RELEASE OF INFORMATION

Name _____ TCU ID # _____

I hereby give my permission for the Student Access & Accommodation Coordinator and/or Disabilities Specialists to discuss my case and release relevant data to the following offices and/or individuals:

Initial in the blank all that apply:

____ Course Instructors

____ Athletic Academic Services

____ Health Center

____ Counseling, Testing & Mental Health Center

____ Parents/Guardians/Spouse

____ Scholarship/Financial Aid Office

____ Campus Life

____ Residence Hall Staff (RA, Hall Director)

____ Academic Advisor

____ Housing and Residence Life

____ Alcohol/Drug Education

____ Study Abroad

____ Religious & Spiritual Life

____ Veterans' Certification Officer

____ Sorority/Fraternity/Greek Life

____ Campus Security

____ Other support services on campus, such as TRIO/Student Support Services, Academic Coaches (specify):

____ Outside agencies such as Vocational Rehabilitation (specify):

____ Others, such as physicians, psychologist, diagnostician, counselor, high school counselor, other evaluators (specify):

Student Signature _____ / / _____
Date

Witness _____ / / _____
Date