



**Consent to Release Information**

Disability Services  
 4400 University Drive, MS 5C9, Fairfax, Virginia 22030  
 Student Union Building I (SUB I), Suite 2500  
 Phone: 703-993-2474 | Fax: 703-993-4306  
 Email: ods@gmu.edu | Website: http://ds.gmu.edu

Name: \_\_\_\_\_ G#: \_\_\_\_\_

I understand that the staff of Disability Services (DS) at George Mason University will have access to my disability records and other academic records. I further understand that in order to meet my educational needs, it may be necessary for DS to contact other campus departments and individuals on an as-needed basis. I authorize the professional exchange of academic accommodations and disability-related information for purposes of planning and providing quality services between DS staff and the following (check all that apply):

- |  |   |
|--|---|
| Academic Advising                            | Learning Services                             |
| Assistive Technology Initiative (ATI)        | Mason Dining/Campus Dietitian                 |
| Career Services                              | Office of International Programs and Services |
| Compliance, Diversity, and Ethics (CDE)      | Office of The University Registrar            |
| Counseling and Psychological Services (CAPS) | Student Accounts                              |
| Faculty, Staff, and Administrators           | Student Conduct                               |
| Financial Aid                                | Student Health Services                       |
| Housing and Residence Life                   | Student Support and Advocacy Center (SSAC)    |

Parent(s)/Legal Guardian:			
Spouse/Significant other:			
Medical Provider:			
<i>Phone:</i>		<i>Email:</i>	
Mental Health Provider:			
<i>Phone:</i>		<i>Email:</i>	
Vocational Rehabilitation Counselor:			
<i>Phone:</i>		<i>Email:</i>	
Other:			

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

**Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_