

Disability Services 4400 University Drive, MS 5C9, Fairfax, Virginia 22030 Student Union Building I (SUB I), Suite 2500

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Consent to Release Information

Name:		G#:	
my disability and academic r communicate with others on disability-related information	ecords. I understand that a an as-needed basis. I author). I understand that this co	at George Mason University will have access at times, it may be necessary for DS to corrize the communication (accommodations communication is for purposes of planning and allowing (check all that apply):	and
Academic Advising		Learning Services	
Assistive Technology Initiative (ATI)		Mason Dining/Campus Dietitian	
Career Services		Office of International Programs and Services (OIPS)	
Diversity, Equity and Inclusion (DEI)		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:			
Phone:		Email:	
Mental Health Provider:			
Phone:		Email:	
Vocational Rehabilitation C	ounselor:		
Phone:		Email:	
Other:			
Student Signature:		Date:	
Staff Signature:		Date:	