

## Consent to Release Information

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

I understand that the staff of Disability Services (DS) at George Mason University will have access to my disability and academic records. I understand that at times, it may be necessary for DS to communicate with others on an as-needed basis. I authorize the communication (accommodations and disability-related information). I understand that this communication is for purposes of planning and providing quality services between DS staff and the following (check all that apply):

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|---|--|
| <ul style="list-style-type: none"> <li>Academic Advising</li> <li>Assistive Technology Initiative (ATI)</li> <li>Career Services</li> <li>Diversity, Equity and Inclusion (DEI)</li> <li>Counseling and Psychological Services (CAPS)</li> <li>Faculty, Staff, and Administrators</li> <li>Financial Aid</li> <li>Housing and Residence Life</li> </ul> | <ul style="list-style-type: none"> <li>Learning Services</li> <li>Mason Dining/Campus Dietitian</li> <li>Office of International Programs and Services (OIPS)</li> <li>Office of the University Registrar</li> <li>Student Accounts</li> <li>Student Conduct</li> <li>Student Health Services</li> <li>Student Support and Advocacy Center (SSAC)</li> </ul> |
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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:** \_\_\_\_\_

If you have questions regarding this form or the Disability Services process, please call our office at 703.993.2474 or email ods@gmu.edu. Thank you for your assistance.

Phone: 703-993-2474; Fax: 703-993-4306 | Email: ods@gmu.edu | Website: <http://ds.gmu.edu>