

## Consent to Release Information

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):

- |   |   |
|---|---|
| <input type="checkbox"/> Academic Advising                            | <input type="checkbox"/> Mason Dining/Campus Dietician                        |
| <input type="checkbox"/> Academic Standards                           | <input type="checkbox"/> Office of Access, Compliance, and Community          |
| <input type="checkbox"/> Assistive Technology Initiative (ATI)        | <input type="checkbox"/> Office of International Programs and Services (OIPS) |
| <input type="checkbox"/> Career Services                              | <input type="checkbox"/> Office of University Registrar                       |
| <input type="checkbox"/> Counseling and Psychological Services (CAPS) | <input type="checkbox"/> Student Accounts                                     |
| <input type="checkbox"/> Faculty, Staff, and Administrators           | <input type="checkbox"/> Student Conduct                                      |
| <input type="checkbox"/> Financial Aid                                | <input type="checkbox"/> Student Health Services                              |
| <input type="checkbox"/> Housing and Residence Life                   | <input type="checkbox"/> Student Support and Advocacy Center (SSAC)           |
| <input type="checkbox"/> Learning Services                            |   |

Parent(s)/Legal Guardian:			
Spouse/Significant other:			
Medical Provider:			
Phone:		Email:	
Mental Health Provider:			
Phone:		Email:	
Vocational Rehabilitation Counselor:			
Phone:		Email:	
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](mailto:ods@gmu.edu). Thank you for your assistance.

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