

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):

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

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>