

# TEXAS STATE

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## DISABILITY SERVICES

### Authorization to Release/Obtain/Exchange Confidential Information

**Instructions:** For Disability Services to release, obtain, or exchange confidential information, this authorization must be completed according to these instructions. All information must be clearly legible. All information related to identification, location, and communication of those involved in the release of information must be provided. This is necessary to ensure that the information is released only to those you intend. **For your protection, if this form is incomplete or is not legible, Disability Services will not release or request the release of any information.**

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### Authorization Options

**Release to Self:** To individual for use at their discretion.

**Release to:** Authorization is to release information only to the identified person.

**Obtain from:** Authorization is to obtain information from another source.

**Exchange with:** Authorizes the two designated parties to share information. This option provides the greatest flexibility for communication.

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### Authorization Agreement

I, \_\_\_\_\_ A \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Printed First and Last Name Texas State Student ID #

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Telephone Street Address/Residence Hall/Apt # City, State, Zip Code

authorize Disability Services staff at Texas State University, LBJSC Suite 506, 601 University Drive, San Marcos, TX 78666, (512)-245-3451 to (check one only):

Release to Self       Release to       Obtain from       Exchange with

\_\_\_\_\_  
Printed Name of Person/Provider      Printed Name of Agency/Department

\_\_\_\_\_  
Street Adress/P.O. Box Number/Agency/Department      (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Telephone

\_\_\_\_\_  
City, State, Zip Code      (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Fax

Disability Services cannot guarantee confidentiality of information after it is released.

DISABILITY SERVICES  
601 University Drive | LBJ Student Center 506 | San Marcos, Texas 78666-4616  
phone: 512.245.3451 | www.disability.txstate.edu

*This letter is an electronic communication from Texas State University.*

# TEXAS STATE<sup>®</sup>

## DISABILITY SERVICES

I understand that no disclosure of my records can be made without my written consent, unless otherwise provided by law, and that I may revoke this authorization in writing at any time, except to the extent that information has already been released. This authorization permits the release of disability-related documentation provided by Disability Services. I hereby release the above parties from any legal liability resulting from the authorized release of information. This authorization expires: **(Check one only)**

One time,  Sixty (60) days,  six (6) months, **OR**  one (1) year from the date below authorization this release,

OR \_\_\_\_\_  
(Specify alternate expiration date)

### Acknowledgement of Receipt of Access to Disability-Related Documentation

Only required when receiving a copy of your disability-related documentation

**(Initial all that apply)**

I verify that I was provided with access to \_\_\_\_\_ all, or \_\_\_\_\_ a portion of my Disability Services documentation.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date Received

### Authorization Sent to or Received by Disability Services via Email or In-Person

Completed authorizations forms to release or obtain information may be sent to Disability Services at [disability@txstate.edu](mailto:disability@txstate.edu), or in-person. If you have any questions, feel free to contact our office.

Disability Services cannot guarantee confidentiality of information after it is released.

#### DISABILITY SERVICES

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phone: 512.245.3451 | [www.disability.txstate.edu](http://www.disability.txstate.edu)

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