

**Consent to Release Information  
Disability Services  
Gustavus Adolphus College**

I \_\_\_\_\_ understand that the Disability Services will exchange information pertaining to my disability with the Gustavus Adolphus Advising Center Staff, College Registrar's Office and the Dean of Students Office on a need to know basis.

*\*Check the appropriate boxes below:*

- I do grant Disability Services permission to exchange information regarding my disability with my professors.
- I do grant Disability Services permission to name my disability in the letters of introduction to my professors.
- I do grant Disability Services permission to exchange information regarding my disability with my Collegiate Fellow and residential life staff.
- I do grant Disability Services permission to exchange information regarding my disability with my parents or legal guardians.
- I do grant Disability Services permission to exchange information regarding my disability with the coaching staff.
- I do grant Disability Services permission to exchange information regarding my disability with psychological counselors and /or the Gustavus Adolphus Counseling Center staff on a need to know basis.
- I do grant Disability Services permission to exchange information regarding my disability with Health Services.
- I do grant Disability Services permission to obtain information or documentation regarding my disability from schools, doctors or other health professionals.
- I do grant Disability Services permission to give early notification of my disability to my professors, if necessary.

Signed: \_\_\_\_\_ date: \_\_\_\_\_

**Information disclosed to the Disability Services Coordinator is strictly confidential. At no time will any of this information be seen by others unless consent is given with this form.**