



Confidentiality and Release of Information Disability Resource Center

The Disability Resource Center is committed to ensuring that all information regarding an individual is maintained as confidential as permitted by law. Any information that is collected by the office is used for the benefit of the individual. This information may include test data, grades, biographical history, disability information, and case notes.

No one except DRC staff has automatic access to files. Disability-related information is to be treated as confidential information and shall be shared with others within the institution on a need-to-know basis only. For example, University faculty and staff do not have a right or a need to access diagnostic or other information regarding an individual's disability. They only need to know what accommodations are necessary and appropriate to meet the individual's disability-related needs, and then only with permission of the individual.

Information in files will not be released except in accordance with federal law, which requires release in the event that an individual states he/she intends to harm him/herself or another person. Confidentiality is not maintained in the case of child abuse, suicidal or homicidal intent.

I understand that if I request the DRC to facilitate accommodations on my behalf, they may need to consult with other University personnel. Examples of circumstances that may warrant such disclosure include: requests for accommodations or services; concerns for the student's health; special circumstances in housing; special financial aid considerations; or grievance procedures.

I give my permission to have disability-related information shared with the following appropriate University personnel to facilitate such requests: **(Please check the box and write your initials on the line to give consent)**

- ☐ Instructors _____
- ☐ Residence Life _____
- ☐ Red Hawk Central (Registrar, Financial Aid, & Student Accounts) _____
- ☐ Academic Advisor _____
- ☐ Academic Success Center (Tutoring) _____
- ☐ CAPS (Counseling & Psychological Services) _____
- ☐ Health Center _____
- ☐ Student Recreation Center _____
- ☐ Dining Services _____
- ☐ Parking Services _____
- ☐ Dean of Students _____
- ☐ Parent(s) or Guardian(s) _____
- ☐ Physician _____
- ☐ LEARN Program _____
- ☐ Psychoeducational Services Clinic _____
- ☐ Other: _____

I furthermore release all parties stated here within from any legal liability resulting from the release of this information, understanding that all parties involved will exercise sufficient safeguards while using this information.

Name (print) _____ CWID# _____

Signature _____ Date _____