



TEXAS A&M INTERNATIONAL UNIVERSITY

Disability Services for Students
Student Center 118
5201 University Blvd.
Laredo, Texas 78041-1900
Phone: (956)326-3086 Fax: (956)326-3083

AUTHORIZATION AND CONSENT TO OBTAIN, EXCHANGE, AND RELEASE RECORDS AND/OR INFORMATION

I, _____, _____, _____ authorize and request
Full Name Date of Birth Student ID Number

Disability Services for Students (DSS)
Texas A&M International University
5201 University Blvd, STC 118
Laredo, Texas 78041
Phone: (956) 326-3086
Fax: (956) 326-3083

___ release to _____
___ speak with _____
___ exchange with _____
___ obtain from _____
Phone: _____
Fax: _____

The following information:

- | | |
|--|--|
| <input type="checkbox"/> Psychological evaluation | <input type="checkbox"/> Neuropsychological evaluation |
| <input type="checkbox"/> Psychiatric evaluation | <input type="checkbox"/> Progress Notes |
| <input type="checkbox"/> Medication evaluation/report | <input type="checkbox"/> Medical history and diagnosis summary |
| <input type="checkbox"/> Referral notes | <input type="checkbox"/> Verification of disability |
| <input type="checkbox"/> Psycho educational evaluation | <input type="checkbox"/> Supporting Documentation |
| | <input type="checkbox"/> Other, please specify: _____ |

The purpose of this release of information is to:

- obtain information to assess status of disability
- communicate with treatment providers
- communicate with outside programs/services/other college disability providers
- communicate with other TAMIU programs/services
- communicate with TAMIU Faculty/Department Chairs/College Deans/Administration
- communicate with parent(s)/guardians/caregivers/other family member/relative
- release information to a third party

I understand that under the Federal Education Rights and Privacy Act of 1974, no disclosure of my records can be made without my written consent unless otherwise provided for, in legal statues and judicial decisions. I also understand that I may revoke my consent at any time (by written request to the Disability Services for Students Office) except to the extent that action has already been taken upon this release. Unless otherwise revoked, this authorization will expire upon completion of my degree or withdrawal from Texas A&M International University.

Signature of Student

Date

Signature of Disability Service
Coordinator

Date

This is a legal document. Please read carefully, fill in all blanks and initial.