

Release of Information Authorization
Gwynedd-Mercy College
Disability Support Services

In support of my request for reasonable accommodations, I have provided you with documentation of my condition. By signing this Authorization, I (please print name in space provided) _____ authorize you to release this information to those staff and faculty of Gwynedd-Mercy College properly involved in evaluating and responding to my request for accommodation (for example: campus health, resident life, counseling services, etc.).

By signing this Authorization I also give permission for you to discuss my condition and request for accommodation with those professionals who have evaluated or diagnosed the condition for which I am seeking accommodation and those with whom I am currently involved in medical/therapeutic support (for example: primary care physician, specialist physicians, psychiatrist, psychologist/counselor, tutor, etc.).

I understand that this authorization will remain in effect until (please provide end date here)_____ .

_____ _____
Signature of Student Date

_____ _____
Signature of Disability Support Services Coordinator Date