

Student Access Office Post Hall Room 107 1 South Ave Garden City, NY 11530

## Consent for Release/Exchange of Information

Name \_\_\_

Student Adelphi I.D. # \_\_\_\_\_

*I*, the undersigned, authorize the professional exchange of medical records and/or testing materials and information between the following:

Student Access Office Post Hall, Room 107 Garden City, NY 11530

- D Adelphi University, Health Services Center, Waldo Hall (main floor) Garden City, NY
- □ Adelphi University, Student Counseling Center, University Center 310, Garden City, NY
- Derner Institute Psychological Services Center, Adelphi University, Hy Weinberg Center, Garden City, NY
- □ Adelphi University, Learning Resource Program, Chapman Hall (lower level), Garden City, NY 11530
- □ Adelphi University Academic Services and Retention, Nexus Room 145, Garden City, NY
- D Adelphi University, Bridges to Adelphi Program, Earle Hall (lower level), Garden City, NY
- D Adelphi University, Residential Life and Housing, Earl Hall 100, Garden City, NY
- Adelphi University Faculty:\_\_\_\_\_\_

**Need for Disclosure:** The provision of documentation of a disability in order for the student to receive accommodations provided by the University, as well as coordination of accommodations with administration, faculty and staff.

I understand that such disclosure is bound by regulations governing the confidentiality of medical/psychological records and any additional disclosure of this information to a party other than the one designated above is forbidden without additional written authorization on my part. I also understand that I have the right to cancel my permission to release information at any time before it is released.

Signature of Student	Date	Signature of Parent/GuardianDate(required if the student is under 18 years of age)
Name of Student (please print)		Name of Parent/Guardian (please print)
Date of Birth ( <i>mm/dd/yy</i> )		Relationship to Student
Witness	Date	Professional Position