

**University of Washington
Disability Resources for Students**

ACKNOWLEDGEMENT and RELEASE OF INFORMATION

Student Name (Please Print) _____ **U.W. Student ID #** _____

The Family Educational Rights and Privacy Act (FERPA) of 1974 (20 U.S.C. § 1232g; 34 CFR Part 99) is a federal law that protects the privacy of student education records. This includes your records maintained by Disability Resources for Student (DRS).

The release or disclosure of your DRS records (or any personally identifiable information from your DRS records) will be disclosed only in accordance with state and federal laws governing the confidentiality of student records and the University's policies regarding student records (Chapter 478-140 WAC.) For example, disclosure can be made to "school officials" when they have a legitimate need to have access to the information. This can include, but is not necessarily limited to, your academic department, the Office of Financial Aid, Housing and Food Services, Graduate Advising, Undergraduate Advising, the Office of Educational Assessment, Parking Services, and the Registrar.

You may also provide your written consent to authorize the University to disclose your DRS records (or information from your DRS records) to persons to whom the University may not be allowed to release such records (or information) under state or federal law or University policies without your consent. This may include your parent, spouse or partner, counselor, diagnostician or physician.

By signing below, I acknowledge reading a copy of this "Acknowledgement and Release of Information."

By signing below, I also voluntarily give my consent to the University of Washington to release my education records (or information from my education records) in the possession of Disability Resources for Students (DRS) to the parties identified below, for the purpose of DRS evaluating my request for accommodation(s) and/or providing reasonable accommodations related to my disability (or disabilities). (Write NA for "not applicable," if you do not want to authorize the University to release your records to parties to whom the University may not be allowed to release such records under state or federal law or University policies.)

1. Name/Office: _____
Relationship to student: (e.g. parent, doctor, spouse) _____
Phone and contact information: _____

2. Name/Office: _____
Relationship to student: (e.g. parent, doctor, spouse) _____
Phone and contact information: _____

I understand that (a) this release shall remain in effect until revoked by me, in writing, and my revocation is delivered to the University's DRS and (b) a revocation of this release shall not affect disclosures that may have been made by the University of Washington prior to DRS' receipt of my written revocation.

Student's Signature **Date**
Student's phone number: _____
Student's email address: _____