Educational Support Services (ESS)

Whitworth University 300 W. Hawthorne Road, Spokane, WA 99251
Educational Support Services ATTN: Katie McCray, ESS Manager
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AUTHORIZATION TO RELEASE INFORMATION

Purpose: *The office of Educational Support Services (ESS) provides academic adjustments and services for students with disabilities on an individual, case-by-case basis that are on-going and interactive in nature. Documentation provided should demonstrate a disability covered under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act (ADA) of 1990. The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities.*

STUDENT / PATIENT INFORMATION

First Name: _____ Last Name: _____

Date of Birth: _____ ID#: _____

Phone: _____ Email: _____

I hereby authorize the following person/provider to ☐ **RELEASE** *and/or* ☐ **OBTAIN** *the information identified in this document between the office of Educational Support Services at Whitworth University for the purpose aforementioned:*

Person / Provider Name: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone: _____ Fax: _____

Information Requested (select all that apply):

☐ Medical Data/Evaluation   ☐ Academic/Vocational Test results (e.g. IEP/504)
☐ Psychological/Psychiatric evaluations ☐ Prior College/University Accommodation Plan
☐ DVR Eligibility Documentation   ☐ Alcohol/drug abuse treatment
☐ Student self-report (disability)   ☐ Communicable diseases (including HIV and AIDS)

I understand that the information released between the office of educational support services will become a part of the student record subject federal and state laws, and may be released to the student upon written request. This authorization will remain in force and effect until I conclude enrollment at Whitworth University. I understand that I have the right to revoke this authorization at any time, in writing, except to the extent that any person or entity has already acted in reliance on my authorization.

Student Signature: _____ Date: _____

Staff Signature: _____ Date: _____

**I hereby REVOKE this authorization to release information, effective henceforth:

Student Signature: _____ Date: _____

Staff Signature: _____ Date: _____