



RELEASE OF INFORMATION

Date: _____

I, _____ (Printed name), authorize

to release information regarding my disability to the Disability Services Office at Brigham Young University-Idaho, in Rexburg, Idaho.

The information released should include the psychological/medical report, diagnosis, testing records, level of severity, and recommendations for academic accommodations. The information will be used by the Disability Service Office for eligibility, planning, counseling, and provision of appropriate accommodations while I am enrolled at BYU-Idaho.

The IEP or 504 Plan is not needed.

Signature

Witness

Please send documentation to:

Disability Services
Brigham Young University-Idaho
158 McKay Library
Rexburg, Idaho 83460-0425