



# Disability Services

(907) 474-5655 • Fax (907) 474-5688  
www.uaf.edu • fyds@uaf.edu

America's Arctic University

## Request for Disability Records or other Protected Disability Related Information

I hereby authorize the medical provider or clinic or hospital indicated below to send my medical records and other protected health information as needed to **UAF Disability Services, PO Box 755590, Fairbanks, AK 99775-5590**

Person/Agency authorized to release information

Address of medical provider or facility

City/State/Zip

Phone#

Fax #

**Check the records** you wish to have released and the time period covered - and **initial each line indicating your consent.**

Medical Records (general health care)	Date range	Initial here
Counseling/psychotherapy notes	Date range	Initial here
Psychological test reports and data	Date range	Initial here
Disability Services Records	Date range	Initial here
Other specific reports	Date range	Initial here

**The purpose for this release of information is as follows:** At my request - signature below or as follows:

**This Authorization will be in effect for the current semester as indicated by the date with your signature below not to exceed 150 days from the date indicated.** You may withdraw or revoke this authorization to release information by writing at any time to the Director of the medical provider or facility noted above, but the medical provider or facility may continue to rely on this authorization to the extent that services have already been provided based on this authorization. UAF Disability Services will handle and maintain the information it receives in accord with established federal and state privacy laws and practices and will not re-release or re-disclose any information it receives from an outside party.

Name (print)

Date of Birth

Soc. Sec. #

Address

Phone

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness/UAF staff person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of student's parent or representative Date

\_\_\_\_\_  
Relationship to student