DREXEL UNIVERSITY
Disability Resources

Confidential Information Release Form

The Office of Disability Resources (ODR) operates as a stuent-driven office. Any information that a student submits to ODR pertaining to their disability/condition/injury is considered confidential. Such information will be maintained in this office in a manner that is consistent with both state and federal laws and Drexel University's policies.

There may be an occasion when an ODR staff member must speak with a faculty or professional staff member outside of the department about a student's particular needs when facilitating an accommodation. On such an occasion, ODR will only disclose information that is necessary to ensure that the student receives their approved accommodation.

In the event that a parent, spouse, domestic partner, guardian, or other third-party contacts the Office of Disability Resources (ODR) on behalf of a registered student, ODR must verify if the registered student has consented to this communication. Students who wish to provide consent, must submit a completed and signed Confidential Information Release Form (CRF). If CRF is not provided, then our office would not be able to discuss the contents of the registered student.

By completing the portion below, you are giving the Office of Disability Resources permission to release the following information to a third-party:

RELEASE:

☐ List of accommodations

☐ Copy of report evaluation from: _____   _____

                                                                      Name of Evaluator   Date of Evaluation

☐ Any information pertaining to symptoms, limitations, condition, accommodations, and academic support needs.

☐ Information pertaining to: _____

RELEASE TO:

Name	Relationship to Student	Phone/Email Address

Unless I authorize a change in the future, this form will remain valid throughout my enrollment at Drexel University.

_____   _____
Student's Name   Student ID

_____   _____
Signature   Date

I have read and understand the form but **I choose *not* to authorize** Disability Resources to release my confidential information at this time. Initials: _____   Date: _____