KEAN

OFFICE OF ACCESSIBILITY SERVICES

1000 Morris Ave Union NJ 07083. Phone: 908-737-4910. EMAIL: accessibilityservices@kean.edu

RELEASE OF INFORMATION CONSENT FORM

The Office of Accessibility Services (OAS) is designed to help students with disabilities obtain equal educational opportunities. It is the policy of the Office of Accessibility Services to regard all information provided by students as strictly confidential; protected by all existing legal and professional confidentiality provisions. This information is released only when sharing information is of specific assistance to a student, and when the student provides written authorization.

The completion of this form allows for the disclosure and/or use of personally identifiable education records, including health information, consistent with the disclosure laws under the Family Education Rights and Privacy Act (FERPA) for the use of OAS in providing educational support services.

I understand that the Office of Accessibility Services may assist me by sharing information, and I authorize the Office of Accessibility Services at Kean University, 1000 Morris Avenue, Union, NJ 07083, to discuss and mutually exchange information concerning (please check):

Please check or add the appropriate entity:

- o Kean University Faculty
- o Kean University Staff
- o Kean University Center for Academic Success
- o Cougar Connections
- o Kean Wellness Center (Counseling Center and Health Center)
- o Family Members, please list name(s):_____
- o Other. Please list the office title or individual's name and title:_____

_____

With information concerning (please check):

- o Information about the length and type of treatment formerly received.
- o Information about functional limitations in my performance.
- o Information about accommodations from other institutions.
- o Information not specified.
- o Other. Please specify.

_____

_____

OFFICE OF ACCESSIBILITY SERVICES

1000 Morris Ave Union NJ 07083. Phone: 908-737-4910. EMAIL: accessibilityservices@kean.edu

RELEASE OF INFORMATION CONSENT FORM (continued)

I expect the recipient of this information to be bound by my rights to confidentiality in her/his/their use of this information unless other authorization is given. I provide this authorization voluntarily and understand that I may withdraw it at any time, except with regard to information released by the Director of OAS, between the date of this authorization and my withdrawal.

I confirm this authorization by signing below:

Student's signature _____

Student ID Number _____

(Print) Student's Name _____

Date _____

_____

Please save a copy of this agreement, and contact the Office of Accessibility Services (OAS) to notify the office of any changes you wish to make to this agreement. Thank you.