



Testing and Disability Services
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AUTHORIZATION FOR RELEASE OF INFORMATION AND RECORDS

Pursuant to this agreement, I authorize the Disability Services of Northern Kentucky University (hereinafter "NKU") to discuss or release information regarding my disability that would be beneficial to my academic progress at NKU. I authorize Disability Services to access my relevant financial, personal and academic records at NKU.

In addition, I authorize Disability Services to discuss my academic progress and disability with other programs which provide support to me in my academic pursuit at NKU, including but not limited to the agencies or medical professionals that I am working with which include:

I understand that some information may need to be discussed with the faculty and staff regarding my disability to ensure that all possible reasonable academic and physical accommodations are made in my behalf. I understand that the greatest degree of confidentiality and discretion will be used in the use of my disability information.

If I am a candidate for Student Support Services, a federally funded program, I authorize Disability Services to share information regarding my disability with them to insure that I benefit from all the resources available on the campus of NKU.

I hereby release NKU, its agents and employees from all legal responsibility or liability that may arise from the release of the foregoing information.

Signature (if under 18 years of age, guardians signature is also required)

Date

Social Security Number

Date of Birth

Witness: _____