



Authorization to Release Individual Information

I, _____, request and authorize the University of New Hampshire-Institute on Disability (UNH-IOD) ___ to release information to, and/or ___ to obtain information from, the agency and/or individual listed below. I understand that the information authorized for release is limited to the topic(s) specified.

Information Categories (check appropriate boxes):

- | | |
|--|--|
| <input type="checkbox"/> Personal/Social History | <input type="checkbox"/> Benefits received/benefits eligibility status |
| <input type="checkbox"/> Medical History | <input type="checkbox"/> Guardianship/ Legal Status |
| <input type="checkbox"/> Psychological/ Neuropsychological Assessments | <input type="checkbox"/> Plan for Employment |
| <input type="checkbox"/> Vocational History | <input type="checkbox"/> Individualized Education Plan |
| <input type="checkbox"/> Therapeutic Evaluations | <input type="checkbox"/> Service Plan(s) |
| <input type="checkbox"/> 504 Plan | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Educational History | <input type="checkbox"/> All of the Above |

Authorized Individual/Agency: _____

I understand that the University of New Hampshire will use this information as it pertains to UNH-4U. The Family Educational Right and Privacy Act (FERPA) requires student consent (agreement) to release education records or personally identifiable information (information related to who you are) contained in such records. I agree to have UNH-IOD share information from my education records and personally identifiable information with the “Authorized Individual/Agency” about the topic(s) I checked above. This form will remain in effect until one (1) year (twelve (12) months) after I sign it. I may revoke this consent at any time by written notice to the source of information, or, upon my written request, UNH-IOD will do it for me. I further state that a copy of this form will be as valid as the original. This authorization is fully understood by me and is made voluntarily by me.

Student’s Name: _____ **Date of Birth:** _____

Student’s Signature **Date**

Guardian Signature (If Applicable) **Date**