UNIVERSITY OF
NORTHERN COLORADO

Disability Resource Center

PERMISSION TO RELEASE INFORMATION

This Permission to Release Information is pursuant to provisions of the Federal Family Educational Rights and Privacy Act of 1974 (Public Law 93-380).

This document will serve as written authorization for Disability Resource Center (DRC) to share/receive information as needed.

Your signature below confirms that you understand that this authorization is deemed effective for the entire period you are enrolled at The University of Northern Colorado and seek the assistance of DRC, unless you otherwise affirmatively revoke your authorization in writing to DRC. The authorization begins at the time this form is submitted and applies during times away from UNC including, but not limited to breaks between semesters, medical leave, studying abroad, etc. Parents must sign for students under 18 years of age.

To facilitate your request for information, the DRC may provide information about your needs to University officials who have a legitimate educational interest in obtaining the information, including the following persons as deemed necessary:

Housing and Residential Education
Dean of Students
GOAL
Facilities Management
Emotional Support Animal Committee
DRC Liaison (Designated administrators in various programs throughout the University.)

Dining Services
Student Outreach and Support
Psychological Services Clinic
Counseling Center
Office of the Registrar

Other: _____

_____I grant permission to the Disability Resource Center staff to contact:

_____

Name   Address   Email, Phone, or other Contact Information

Documentation for DRC can be sent to:

The University of Northern Colorado
Disability Resource Center, Campus Box 139
Greeley, CO 80639
(970) 351-2289
FAX: (970) 351-4166
DRC@unco.edu

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Print Last Name   First Name   Middle Initial   Student Signature   Date

Last 3 Digits of Bear Number: XXX-XXX-_____