



## 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 Support Services (DSS) to share/receive information as needed in order to review and make decisions about your accommodation request(s). Any disclosure and/or discussion of disability-related information is used to guide DSS for the purpose of coordinating and administering requested accommodations.

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 DSS, unless you otherwise affirmatively revoke your authorization in writing to DSS. 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 accommodations, DSS may provide information about your accommodation request(s) and disability-related 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	Dining Services
Dean of Students	Student Outreach and Support
Facilities Management	Psychological Services Clinic
Emotional Support Animal Committee	Counseling Center
DSS Liaison (Designated administrators in various programs throughout the University.)	Other: _____
Psychological Services Center	

\_\_\_\_ I grant permission to the Disability Support Services staff to contact my medical/health care provider or mental health professional to discuss (or to provide to DSS) my disability documentation or medical records solely for the purpose of determining appropriate accommodations at The University of Northern Colorado.

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Provider's Name	Address	Email, Phone, or other Contact Information
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Documentation for DSS can be sent to:

The University of Northern Colorado  
Disability Support Services, Campus Box 139  
Greeley, CO 80639  
(970) 351-2289  
FAX: (970) 351-4166  
[DisabilitySupport@unco.edu](mailto:DisabilitySupport@unco.edu)

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Print Last Name	First Name	Middle Initial	Student Signature	Date
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Last 3 Digits of Bear Number: XXX-XXX-\_\_\_\_\_