



Services
for Students
with Disabilities

G664 Haven Hall
Ann Arbor, Michigan
48109-1045

Voice (734) 763-3000 ♦ Fax (734) 936-3947

Authorization to Release Information

I, _____, hereby consent and authorize Services for Students with Disabilities, G-664 Haven Hall, Ann Arbor, MI 48109-1045, to release information gained during testing, counseling, rehabilitation, and/or psychotherapy with me to:

Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Purpose of disclosure: _____

I understand that this authorization for confidential information applies only to the individual or agency named above and does not permit the release of information concerning me to any other agency or individual. I further understand that I may revoke this consent at any time except for release of information that has already occurred.

Signature: _____ Print Name: _____

Witness: _____ Date: _____

I hereby wish to revoke the above consent.

Signature: _____

Witness: _____

Date: _____

