



OZARK CAMPUS

CONSENT FOR RELEASE OF INFORMATION BETWEEN PARTIES INDICATED BELOW

STUDENT SUCCESS CENTER AND ATU-OZARK DISABILITY SERVICES

1700 Helberg Lane, Suite 140
Technology & Academic Support
Ozark, AR 72949

☎ 479-508-3368

🏠 www.atu.edu/ozark/ssc

☐ I give consent to the ATU-Ozark Disability Services Office to exchange information with the following university parties including, but not limited to: Counseling Services, Testing and Disability Services, Dean's Office, Office of Student Services, Academic Advising, Residential Life, Financial Aid, Instructors, etc. I understand that the purpose of exchanging information is to coordinate quality services. I give consent to the ATU-Ozark Disability Services Office to exchange information with the following parties/individuals for the purpose of coordinating services:

☐ Name: _____ Relationship: _____ Phone: _____

☐ Name: _____ Relationship: _____ Phone: _____

☐ Name: _____ Relationship: _____ Phone: _____

☐ Name: _____ Relationship: _____ Phone: _____

☐ Name: _____ Relationship: _____ Phone: _____

- I understand that this consent is valid for one year from today's date and must be updated annually.
- I understand that I have the right to revoke authorization to exchange information between any of the above-listed parties at any time.
- I understand I may not be eligible for ATU-Ozark Disability Services Office if I do not provide the necessary information to properly document my disability and the need for accommodations.

Student Signature

Date