

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

📞 479-508-3368  
🏠 [www.atu.edu/ozark/ssc](http://www.atu.edu/ozark/ssc)

## Authorization to Release Information to Arkansas Tech University-Ozark Disability Services

### Student Information: *(Please print or type)*

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

T# \_\_\_\_\_ Date of Birth \_\_\_\_\_ Telephone \_\_\_\_\_

### Authorized Provider Information and Periods of Care:

Clinic Name and Location: \_\_\_\_\_

From (date) \_\_\_\_\_ To (date) \_\_\_\_\_ Provider Name (if applicable): \_\_\_\_\_

### Please Release Information/Records that pertain to, or may impact the following accommodation(s):

|  |   |  |
|--|---|--|
| <input type="checkbox"/> Entire Patient/Client Record                          | <input type="checkbox"/> Emotional Support Animal in ATU Housing (see attached ESA Provider Form) | <input type="checkbox"/> Temporary Medical Condition (i.e., injury/surgery dates, activity restrictions) |
| <input type="checkbox"/> Accommodated Tests/Exams                              | <input type="checkbox"/> Housing/Living Arrangements  | <input type="checkbox"/> Class Attendance Flexibility/Absences   |
| <input type="checkbox"/> Accommodations/Assistance for Reading Print Materials | <input type="checkbox"/> Meal Plan Changes/Special Dietary Requirements                           | <input type="checkbox"/> Due Date Flexibility  |
| <input type="checkbox"/> Note-Taking Assistance                                | <input type="checkbox"/> Deaf and Hard of Hearing Assistance                                      | <input type="checkbox"/> Other (specify): _____  |

### Purpose for which the information will be used:

To assist in the determination of reasonable accommodations at Arkansas Tech University-Ozark Campus.

#### Send information to:

**ATU-Ozark Disability Services Office**  
Attn: Student Success & Disability Services Coordinator  
Technology & Academic Support, Ste. 140  
1700 Helberg Lane  
Ozark, AR 72949  
**Phone: (479) 508-3368**  
**Email: [ozark.accommodations@atu.edu](mailto:ozark.accommodations@atu.edu)**

- I accept responsibility for any use that may be made of the information as a result of this authorization and understand that I may revoke it in writing at any time.
- I understand that this authorization automatically expires one year from the date indicated below.
- I understand that treatment by my health care provider will not be conditioned on my signing this authorization.
- I understand that if I do not authorize ATU-Ozark Disability Services to obtain the information requested in this release, ATU-Ozark Disability Services may be unable to provide the services that I am requesting.
- I understand that I am entitled to a copy of this authorization.

Signature \_\_\_\_\_

Date \_\_\_\_\_