

**HASKELL INDIAN NATIONS UNIVERSITY
STUDENT ACCESSIBILITY SUPPORT SERVICES
785-832-6607**

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I hereby give my consent to the Coordinator of Student Accessibility Support Services (SASS) at Haskell Indian Nations University (HINU) to release the following information regarding my disability.

Please initial one of the following release of information statements that you are in agreement with:

I authorize the SASS Coordinator to share the details of my documentation with faculty and staff members of HINU as well as with any other professionals responsible for helping me to secure appropriate accommodations to meet my special needs. **I further authorize** the SASS Coordinator to request disability accommodation(s) on my behalf from any/all faculty and staff members at HINU.

_____ (initial)

I authorize the SASS Coordinator to share the details of my documentation with the HINU Counseling Center, the Haskell Health Center, HINU faculty and staff, and the individual or organization that provided my documentation. **I further authorize** the SASS Coordinator to request disability accommodation(s) on my behalf from any/all faculty and staff members at HINU.

_____ (initial)

I do not authorize the SASS Coordinator to share details of my documentation with faculty and staff members of HINU or with any other professionals responsible for helping me to secure appropriate accommodations to meet my special needs, except with the individual or organization that provided my documentation. **I authorize** the Coordinator to only inform HINU faculty and staff that I have a documented disability, but the Coordinator may not discuss the type or details of my disability. **I further authorize** the SASS Coordinator to request disability accommodation(s) on my behalf from any/all faculty and staff members at HINU without disclosing the type or details of my disability.

_____ (initial)

Student's Name (Please Print)

Student's Signature

Date