

ACCESSIBILITY SERVICES | AMHERST COLLEGE

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EMAIL: ACCESSIBILITY@AMHERST.EDU

Release of Information Form

Except under rare circumstances, Accessibility Services (AS) does not discuss or share personally identifiable, confidential information from student records with third parties without the student's written consent. This practice is substantially based on a federal privacy law (FERPA) that protects students' privacy rights.

If you wish for Accessibility Services to share personally identifiable, confidential information about you with a third party, please complete the following form. "Third parties," in this case, primarily refers to persons who are not Amherst College employees. Responses will be made in a manner and timeframe that complies with FERPA.

Your Full Name:

Date:

Student ID Number:

Class Year:

Full name(s) of the person(s) with whom you would like AS to share or discuss confidential information:

Full contact information for the person(s) above (mailing addresses, e-mail addresses and telephone numbers):

Please provide a clear statement of the purpose of your permission. The description should include the information you wish to be shared (can be unlimited or limited to certain subjects or items):

Duration and/or expiration date of your permission:

Your phone number:

Your signature: _____

I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization. Information disclosed under this authorization might be re-disclosed by the recipient, except disclosures requiring special consent, and this re-disclosure may no longer be protected by federal or state law. I have the right to revoke this authorization in writing at any time.