Disability Center Release of Information

PARENT/GUARDIAN RELEASE: The following statement addresses the right of a student’s individual privacy. In the event a parent, step-parent or guardian inquires about or calls on behalf of a student, the Disability Center must have a written release signed by the student to be able to speak with them. I give the Disability Center permission to speak with my parents, step-parents or guardians about me and my progress as a student registered in the MU Disability Center.

_____Agree _____Disagree

____________________________________  ______________  ______________________
Signature                                      Date

LEARNING CENTER RELEASE: The Learning Center provides one-on-one tutoring for undergraduate students who qualify under specific program requirements, including those who have a disability. In order to facilitate the provision of tutoring services Disability Center will release your name to them, with your permission.

If you agree to have your name released to the Learning Center identifying you as a student registered with Disability Center, please indicate below.

_____Agree _____Disagree

____________________________________  ______________  ______________________
Signature                                      Date

Unless otherwise revoked, this authorization will remain in effect for the duration of my enrollment as a student at the University of Missouri.