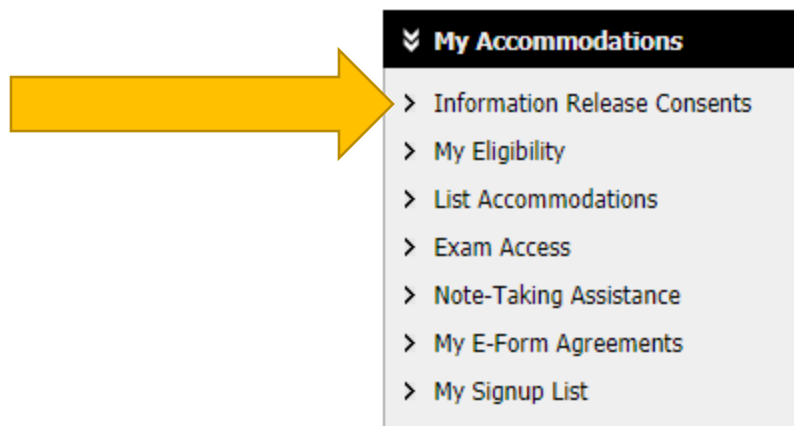


Step-by-Step Guide for Completing Information Release Forms

Login to your myAccess account

Click on **Information Release Forms** within the **My Accommodations** section on the left-hand side of the screen.



Choose the form (consent) based on who you are giving permissions to.

Click **Continue to Specify Additional Information**.

LIST INFORMATION RELEASE CONSENTS

2 Steps Process to Add Information Release Consent

Consent Type*: **Select One** ▼

[Continue to Specify Additional Information](#)

Read the description for the form and enter in the information for the individual(s) with the permissions. You can set a custom expiration date if you want the permissions to expire before the default date indicated on the form.

When finished, click on **Submit Information Release Consent Form**.

Information Release Consent Form	
Consent Type:	Release of Information - Parent/Guardian
Consent Description:	<p>I give the Disability Center permission to speak with my parents, step-parents, and/or guardian about me and my progress as a student registered with the MU Disability Center.</p> <p>This form addresses the right of a student's individual privacy. In the event that a parent, step-parent, guardian, spouse, or other inquire about or calls on behalf of a student, the Disability Center must have a written release signed by the student to speak to them. Release allows verbal access only. All permissions granted will stay in effect until revoked in writing by the student.</p>
Consent Expires On*:	<input type="text" value="01/08/2018"/> Hint: Enter date in the following format Month/Day/Year (i.e. 12/31/2010).
Full Name*:	<input type="text"/>
Address:	<input type="text"/>
Phone:	<input type="text"/> Hint: Enter 10-digit number only (i.e. enter 5417377000 for 541 737 7000).
Fax:	<input type="text"/> Hint: Enter 10-digit number only (i.e. enter 5417377000 for 541 737 7000).
Additional Notes:	<input type="text"/>

Please Read The Following Statement:

By submitting this release, I agree to hold harmless University of Missouri and its agents in the execution of this release and agree to contact my assigned accommodation coordinator or the Disability Center office located on my campus of record if I have questions or concerns.

I have read and understand the above statement regarding the release information consent.

Submit Information Release Consent Form

You'll be taken back to the list of your Information Release Forms where you will have access to in-activate or re-activate a form if needed throughout the semester.



SYSTEM UPDATE IS SUCCESSFUL

System has successfully processed your request.

2 Steps Process to Add Information Release Consent

Consent Type*: **Select One** ▼

[Continue to Specify Additional Information](#)

Number of Records Found: **1**

Show Limit: **100** ▼ per Page [Update](#)

Showing Records: **1 - 1**

Consent Type	Full Name	Expiration Date	Status	Modify
Release of Information - Parent/Guardian	Wilma Tiger	01/08/2018	Active	Modify

Information Release Consent Form

Consent Type: **Release of Information - Parent/Guardian**

Consent Description: I give the Disability Center permission to speak with my parents, step-parents, and/or guardian about me and my progress as a student registered with the MU Disability Center.

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Consent Expires On: **01/08/2018**

Status: **Active** ▼

Full Name: **Wilma Tiger**

Address: 123 Mizzou Street, Columbia, MO 65203

Phone: **(573) 555 - 5555**

Fax: **Not Specified**

Additional Notes: Mother

Please Read The Following Statement:

By submitting this release, I agree to hold harmless University of Missouri and its agents in the execution of this release and agree to contact my assigned accommodation coordinator or the Disability Center office located on my campus of record if I have questions or concerns.

I have read and understand the above statement regarding the release information consent.

[Update Information](#)