



AUTHORIZATION FOR RELEASE OF INFORMATION

SECTION 1: STUDENT INFORMATION

Full Name: _____ Preferred Pronouns: _____

UNH ID Number: _____ UNH email: _____

Date of Birth (mm/dd/yyyy): _____ Phone: _____

Address: _____

SECTION 2: RELEASEE INFORMATION

** Releasee is the person the information is released to. For instance, a guardian, parent, or self*

Before completing this section, it is important to note that once your information is shared with the releasee, this information is no longer under the control of SAS. The releasee may be subject to certain privacy laws such as FERPA or HIPAA (for instance, a medical provider or other post-secondary institution accessibility office), but this is not always the case. It is important to carefully consider who this information is being released to and why it is necessary to share with that individual.

I give my permission to SAS to share relevant information (as indicated in sections 3 and 4) with the following individual:

☐ **Check if releasee is self**

Releasee Name: _____ Relationship to the Student: _____

Releasee Phone Number: _____ Releasee Email: _____

Releasee Fax Number (Required if documentation will be shared via fax): _____

Releasee Address: _____

SECTION 3: DOCUMENTATION TO BE RELEASED

There are two primary ways that information can be released. First is through the direct provision of documents. If you would like to release any documents to the releasee please complete the following section.

☐ ***I do not want SAS to release any documents to the releasee***

I would like SAS to release the following documents to the releasee:

- ☐ Student submitted medical records or testing *Please note that SAS cannot release medical information provided to us directly by a provider without express permission to share with the student. In those cases, that information should be obtained directly from the provider.
- ☐ Accommodation letters
- ☐ Intake information
- ☐ Other (if checked, please list): _____

I am requesting that my records/information be released or shared via the following:

- ☐ Records will be picked up in person (requires ID) *this is the most secure method of document sharing.
- ☐ Records shared electronically through OneDrive
- ☐ Records will be faxed

SECTION 4: ALLOWED COMMUNICATIONS

The second way that information about your experiences and record with SAS can be released is through verbal communication. Often this occurs through phone calls, video conferencing, or in-person meetings. If you would like SAS to discuss your record with the releasee, please complete the following section.

☐ ***I do not want SAS to discuss (meetings, video conferencing, phone calls) my information or records with the releasee***

I give my permission to discuss the following with the releasee (check all that apply):

- ☐ Accommodation status
- ☐ Accommodation implementation
- ☐ Appointments with SAS
- ☐ Assistive Technology (AT) usage
- ☐ Disability documentation or status
- ☐ Other (if checked, please list): _____

SECTION 5: TIME PERIOD OF THE REQUEST

Please note: this release will automatically expire one (1) year from the date of your signature. Authorization beyond that point requires the ROI to be renewed. If you would like to have this release expire before the one (1) year date, please indicate that here: _____

You also have the right to revoke your authorization at any time before this time period elapses. Please note that revocation will only apply for information shared after the student informs SAS of the revocation. Any information shared prior to that point will still be available to the releasee.

If you do want to revoke your authorization, please contact SAS in writing with the following information:

- Your name
- Your UNH ID
- Your email
- Effective date
- Indication of what you are revoking (full access or specific information)

If you wish to share additional information after revoking authorization, then you will have to complete a new ROI form.

SECTION 6: AUTHORIZATION AND SIGNATURE

☐ I am over 18 and legally allowed to sign this form

☐ I understand I am under no obligation to sign this form, and am doing so under my own accord

☐ I understand that I may revoke my consent at any time (except to the extent that the information has already been released).

Signature: _____

Date: _____

Witness: _____

Date: _____

If you are under 18, then a parent or guardian is required to sign this form.

Parent Signature: _____

Date: _____

PRIVACY STATEMENT

All interactions with SAS, including scheduling of, or attendance at appointments, content of your meetings, progress in academic/personal goals, and your records are private. SAS staff will be pleased to send a summary of interactions, or talk with persons you designate, with your specific written permission. SAS staff work with other campus offices and individuals as a team. With the following exceptions, information will not be disclosed outside of the SAS office without your written permission.

1. **Imminent Harm to Self:** If a staff member has reason to believe that you are in danger of physically harming yourself, SAS is legally and ethically required to report this information to the proper authorities or another person as needed to ensure your safety.
2. **Imminent Harm to Others:** If a staff member has reason to believe that you are threatening physical harm against another person and if s/he believes that you are a threat to the safety of another person s/he is legally and ethically required to take some action (such as contacting the police, notifying the other person, seeking involuntary hospitalization or some combination of these actions) to ensure that the other person is protected.
3. **Abuse of Children:** If a staff member has reason to believe that a child under the age of 18 is being physically or sexually abused or neglected, s/he is legally obligated to report this situation to the appropriate state agency.
4. **Court Order:** A court order, issued by a judge, may require SAS to release information contained in records and/or require a counselor to testify in a court proceeding.
5. **FERPA Allowance:** Allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):
 - School officials with legitimate educational interest;
 - Other schools to which a student is transferring;
 - Specified officials for audit or evaluation purposes;
 - Appropriate parties in connection with financial aid to a student;
 - Organizations conducting certain studies for or on behalf of the school;
 - Accrediting organizations;
 - To comply with a judicial order or lawfully issued subpoena;
 - Appropriate officials in cases of health and safety emergencies.