



Student Access Office  
 tel. 516.877.3806  
 fax. 516.877.3138  
 1 South Avenue  
 GARDEN CITY, NY 11530

***Consent for Release/Exchange of Information***

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

*I, the undersigned, authorize the professional exchange of medical records and/or testing materials and information between the following:*

Student Access Office  
 Adelphi University  
 1 South Avenue  
 Garden City, NY 11530

- Adelphi University, Health Services Center, Waldo Hall (main floor) Garden City, NY
- Adelphi University, Student Counseling Center, 310 University Center, Garden City, NY
- Derner Institute – Psychological Services Center, Adelphi University, Hy Weinberg Center, Garden City, NY
- Adelphi University, Learning Resource Program, Chapman Hall (lower level), Garden City, NY 11530
- Adelphi University Academic Services and Retention, 303 Levermore Hall, Garden City, NY
- Adelphi University, Bridges to Adelphi Program, Earle Hall (lower level), Garden City, NY
- Adelphi University, Residential Life and Housing, 100 Earl Hall, Garden City, NY
- Adelphi University Faculty: \_\_\_\_\_
- Other Professional Office or Agency: \_\_\_\_\_

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**Need for Disclosure:** The provision of documentation of a physical or learning disability in order for the student to receive special accommodations provided by the University as well as coordination of accommodations with administration, faculty and staff.

*I understand that such disclosure is bound by regulations governing the confidentiality of medical/psychological records and any additional disclosure of this information to a party other than the one designated above is forbidden without additional written authorization on my part. I also understand that I have the right to cancel my permission to release information at any time before it is released.*

\_\_\_\_\_  
 Signature of Student Date

\_\_\_\_\_  
 Signature of Parent/Guardian Date  
*(required if the student is under 18 years of age)*

\_\_\_\_\_  
 Name of Student *(please print)*

\_\_\_\_\_  
 Name of Parent/Guardian *(please print)*

\_\_\_\_\_  
 Date of Birth *(mm/dd/yy)*

\_\_\_\_\_  
 Relationship to Student

\_\_\_\_\_  
 Witness Date

\_\_\_\_\_  
 Professional Position