



DIVISION OF
STUDENT AFFAIRS

Accessibility and Disability Service
0106 Shoemaker Building
College Park, Maryland 20742-8111
301.314.7682 TEL 301.405.0813 FAX

Authorization to Release or Obtain Information

I, _____ (*name of student*) _____ (*UID*)
authorize the University of Maryland Accessibility & Disability Service (ADS) to:

- Release disability documentation submitted to ADS
- Speak with _____ about the impact of the disability in one or more of the following accommodation settings:

- Academic
- Employment/assistantship
- Housing

- Release a copy of my ADS accommodation letter
- Other (specify in detail):

All requested documents will be released to the requestor in digital format via UMD Box.

Email address: _____

Signature: _____ **Date:** _____

If future requests are needed, a new release must be submitted.